| Schedule E) | | | PAGE 1 OF 61 FOR SE OF FORM 24/48 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|-----------------------|-------------------------------------------------------------------------|
| NAME OF COMMITTEE (In Full) | | | FEC IDENTIFICATION NUMBER ▼ |
| Women Speak Out PAC | | | C C00530766 |
| | | | |
| Check if 24-hour report X 48-hour report | New rep | port Amends repo | ort filed on |
| Full Name of Payee Kelly Dolan | | | Date of Public Distribution/Dissemination |
| , | | | 08 / 22 / 2014 |
| Mailing Address 543 S 2nd St | | | Amount |
| City | State | Zip Code | 80.00 |
| Bellaire | NC | 77401 | Transaction ID: 71aa1543-fdc9-4671-9 Date of Disbursement or Obligation |
| Purpose of Expenditure Salary | | Category/ Type 001 | 08 / D D / Y Y Y Y Y Y Z 2014 |
| Name of Federal Candidate | | Support | Office Sought: House District: 00 |
| Ms. Mary L Landrieu | | X Oppose | President State: LA |
| Calendar Year-To-Date Per Election for Office Sought | | 95433.48 | Disbursement For: Primary General 2014 Other (specify) ▶ |
| Full Name of Payee | | | Date of Public Distribution/Dissemination |
| Kelly Dolan | | | 08 / 22 / 2014 |
| Mailing Address 543 S 2nd St | | | Amount |
| City | State | Zip Code | 12.00 |
| Bellaire | NC | 77401 | Transaction ID: d4591656-d97d-453d-a Date of Disbursement or Obligation |
| Purpose of Expenditure Mileage | | Category/ Type 002 | 08 22 2014 |
| Name of Federal Candidate | | Support | Office Sought: House District: 00 |
| Ms. Mary L Landrieu | | Oppose | President State: LA |
| Calendar Year-To-Date Per Election for Office Sought | | 95433.48 | Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶ |
| | | | |
| (a) SUBTOTAL of Itemized Independent Expenditure | res | | 92.00 |
| (b) SUBTOTAL of Unitemized Independent Expend | itures | | |
| (c) TOTAL Independent Expenditures | | | |
| Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its | late or authorized | • | • |
| Ms. Emily Buchanan | [Electron | nically Filed] Date | 9 08 24 2014 |
| Signature | | | |

| Schedule E) | VI EXI END | TIONES | | PAGE 2 OF 61 FOR SE OF FORM 24/48 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-----------------------|-----------------------------------|--------------------------------------------------|
| NAME OF COMMITTEE (In Full) | | | FEC IDI | ENTIFICATION NUMBER ▼ |
| Women Speak Out PAC | | | C | 000530766 |
| Check if 24-hour report X 48-hour report | New rep | port Amends repo | rt filed on | D = D / Y = Y = Y |
| Full Name of Payee | | | Date of Public | Distribution/Dissemination |
| Joneisha Stewart | | | 08 | 22 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Mailing Address 2329 Runnymede Dr | | | Amount | |
| City | State | Zip Code | | 80.00 |
| Marrero | LA | 70072 | | D: 8c361017-2d5e-4f10-a rsement or Obligation |
| Purpose of Expenditure Salary | | Category/ Type 001 | 08 / | 22 / 2014 |
| Name of Federal Candidate | | Support | Office Sought: | House District: 00 |
| Ms. Mary L Landrieu | | X Oppose | President X | Senate State: LA |
| Calendar Year-To-Date Per Election for Office Sought | 7 7 | 95433.48 | Disbursement For: 2014 Other (spe | Primary |
| Full Name of Payee | | | Date of Public | Distribution/Dissemination |
| Shantal C Culbreath | | | 08 | 22 / 2014 |
| Mailing Address 4691 Hercules Lane | | | Amount | |
| City | State | Zip Code | | 20.00 |
| Woodbridge | VA | 22193 | | : a5874f70-b737-4ae0-b rsement or Obligation |
| Purpose of Expenditure Salary | | Category/ Type 001 | 08 | 22 / 2014 |
| Name of Federal Candidate | | Support | Office Sought: | House District: 00 |
| Ms. Kay Hagan | | Oppose | President > | Senate State: NC |
| Calendar Year-To-Date Per Election for Office Sought | , , , | 254351.52 | Disbursement For: 2014 Other (spe | Primary X General |
| (a) SUBTOTAL of Itemized Independent Expenditure | ′es | | | 100.00 |
| | | | 7 | 7 7 |
| (b) SUBTOTAL of Unitemized Independent Expend | itures | |) | 7 |
| (c) TOTAL Independent Expenditures | | | • | 7 1 7 |
| Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its | ate or authorize | | | |
| Ms. Emily Buchanan Signature | [Electron | nically Filed] Date | 08 / 24 | 2014 |
| | | | | |

| Schedule E) | VI EXI ENE | TI OILE | PAGE 3 C FOR SE OF FOR | OF 61 RM 24/48 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|-----------------------|---------------------------------------------------------------|-------------------|
| NAME OF COMMITTEE (In Full) | | | FEC IDENTIFICATION N | UMBER ▼ |
| Women Speak Out PAC | | | C C00530766 | |
| Check if 24-hour report X 48-hour report | X New rep | port Amends repo | rt filed on | Y |
| Full Name of Payee | | | Date of Public Distribution/Disse | emination |
| Sue G Walker | | | 08 / D / Y | 2014 |
| Mailing Address 3 Girard | | | Amount | |
| City | State | Zip Code | | 45.00 |
| Fort Smith | AR | 72901 | Transaction ID : 101663f3-eb52 Date of Disbursement or Obliga | |
| Purpose of Expenditure Salary | | Category/ Type 001 | 08 / D D / Y | 2014 |
| Name of Federal Candidate | | Support | Office Sought: House Distri | ct:00 |
| Mr. Mark L Pryor | | Oppose | President Sta | te: AR |
| Calendar Year-To-Date Per Election for Office Sought | , , , | 62582.15 | Disbursement For: Primary 2014 Other (specify) ▶ | ≺ General |
| Full Name of Payee | | | Date of Public Distribution/Disse | emination |
| Sue G Walker | | | 08 / 22 | 2014 |
| Mailing Address 3 Girard | | | Amount | |
| City | State | Zip Code | | 10.20 |
| Fort Smith | AR | 72901 | Transaction ID : 19c571b8-4b9k Date of Disbursement or Obliga | |
| Purpose of Expenditure Mileage | | Category/ Type 002 | 08 / D D / Y | 2014 |
| Name of Federal Candidate | | Support | Office Sought: House Distr | ict:00 |
| Mr. Mark L Pryor | | X Oppose | | te: AR |
| Calendar Year-To-Date Per Election for Office Sought | 7 7 | 62582.15 | Disbursement For: Primary 2014 Other (specify) ▶ | K General |
| (a) SUBTOTAL of Itemized Independent Expenditu | res | | | 55.20 |
| (,, | | | 7 | - |
| (b) SUBTOTAL of Unitemized Independent Expend | litures | | • | |
| (c) TOTAL Independent Expenditures | | | · | -75 |
| Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its | late or authorize | | | |
| Ms. Emily Buchanan Signature | [Electron | nically Filed] Date | 08 / 24 / 2014 | Y |
| - | | | | |

| Schedule E) | LIVI EXI LIVE | TIONES | PAGE FOR S | 4 OF 61 SE OF FORM 24/48 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|-----------------------|----------------------------------------------|-----------------------------|
| NAME OF COMMITTEE (In Full) | | | FEC IDENTIF | ICATION NUMBER ▼ |
| Women Speak Out PAC | | | C C00530 |)766 |
| Check if 24-hour report X 48-hour report | New rep | port Amends repo | rt filed on | / |
| Full Name of Payee | | | Date of Public Distrib | oution/Dissemination |
| James Kindstedt | | | M M / D 22 | |
| Mailing Address 5510 Dogwood Dr | | | Amount | |
| City | State | Zip Code | | 25.00 |
| Winston Salem | NC | 27105 | Transaction ID: 629 Date of Disbursemen | |
| Purpose of Expenditure Salary | | Category/ Type 001 | 08 / 22 | |
| Name of Federal Candidate | | Support | Office Sought: House | se District: 00 |
| Ms. Kay Hagan | | X Oppose | President Sena | ate State: NC |
| Calendar Year-To-Date Per Election for Office Sought | | 254351.52 | Disbursement For: Pr 2014 Other (specify) | rimary X General |
| Full Name of Payee | | | Date of Public Distrib | oution/Dissemination |
| James Kindstedt | | | 08 / D | |
| Mailing Address 5510 Dogwood Dr | | | Amount | |
| City | State | Zip Code | | 19.20 |
| Winston Salem | NC | 27105 | Transaction ID : 721c Date of Disbursemen | |
| Purpose of Expenditure Mileage | | Category/ Type 002 | 08 / D | |
| Name of Federal Candidate | | Support | Office Sought: Hou | se District: 00 |
| Ms. Kay Hagan | | Oppose | President Sen | |
| Calendar Year-To-Date Per Election for Office Sought | | 254351.52 | Disbursement For: P 2014 Other (specify) | rimary X General |
| (a) SUBTOTAL of Itemized Independent Expendent | ditures | | • | 44.20 |
| | | | 7 | 7 |
| (b) SUBTOTAL of Unitemized Independent Exp | enditures | | > | 4 |
| (c) TOTAL Independent Expenditures | | | • | 4 |
| Under penalty of perjury I certify that the indep with, or at the request or suggestion of, any car party committee) any political party committee or | ndidate or authorize | | | |
| Ms. Emily Buchanan Signature | [Electron | nically Filed] Date | 08 / 24 | 2014 |
| - 3 | | | | |

| Schedule E) | | PAGE 5 OF 61 FOR SE OF FORM 24/48 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------------------------------------------------------|
| NAME OF COMMITTEE (In Full) | | FEC IDENTIFICATION NUMBER ▼ |
| Women Speak Out PAC | | C C00530766 |
| Check if 24-hour report X 48-hour report | New report Amends report filed | d on Mam / Dad / Yayayay |
| Full Name of Payee Joanna Kindstedt | | Date of Public Distribution/Dissemination |
| Mailing Address 2134 Tobaccoville Rd | | 08 22 2014 Amount |
| | | |
| City State Rural Hall NC | Zip Code 27045 | 25.00 Transaction ID : 01c12ed7-9ab2-4d2c-9 Date of Disbursement or Obligation |
| Purpose of Expenditure Salary | Category/ Type 001 | Date of Disbursement of Obligation M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Name of Federal Candidate | Support Offic | e Sought: House District: 00 |
| Ms. Kay Hagan | X Oppose | President Senate State: NC |
| Calendar Year-To-Date Per Election for Office Sought | 254351.52 Disb 2014 | ursement For: |
| Full Name of Payee Erika Burfield | | Date of Public Distribution/Dissemination |
| Mailing Address 2939 Country Club Drive | | 08 22 2014 Amount |
| City State | Zip Code | 45.00 |
| Hampstead NC | 28443 | Transaction ID : 33552eac-7576-47e9-9 Date of Disbursement or Obligation |
| Purpose of Expenditure Salary | Category/ Type 001 | 08 / 22 / 2014 |
| Name of Federal Candidate | Support Office | ee Sought: House District: 00 |
| Ms. Kay Hagan | Oppose | President State: NC |
| Calendar Year-To-Date Per Election for Office Sought | 254351.52 Disb 2014 | oursement For: Primary General Other (specify) Other |
| (a) SUBTOTAL of Itemized Independent Expenditures | | 70.00 |
| (b) SUBTOTAL of Unitemized Independent Expenditures | | |
| (c) TOTAL Independent Expenditures | ····· | |
| Under penalty of perjury I certify that the independent exp with, or at the request or suggestion of, any candidate or a party committee) any political party committee or its agent. | | |
| Ms. Emily Buchanan Signature | FTT : 1 11 TTT 11 | 08 |

| So | chedule E) | PAGE 6 OF 61 FOR SE OF FORM 24/48 |
|----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|
| | AME OF COMMITTEE (In Full) | FEC IDENTIFICATION NUMBER ▼ |
| ٧ | Vomen Speak Out PAC | C C00530766 |
| Ch | neck if 24-hour report X 48-hour report New report Amends report filed | I on May / Dad / Yayayay |
| | Full Name of Payee Erika Burfield | Date of Public Distribution/Dissemination |
| | Mailing Address 2939 Country Club Drive | 08 22 2014 Amount |
| | City State Zip Code | 12.30 |
| | Hampstead NC 28443 | Transaction ID : 31da5770-ccf3-4be7-a Date of Disbursement or Obligation |
| | Purpose of Expenditure Mileage Category/ Type 002 | 08 |
| | Name of Federal Candidate Support Offic | e Sought: House District: 00 |
| | Ms. Kay Hagan Oppose | President Senate State: NC |
| | Calendar Year-To-Date Per Election for Office Sought Disb. 2014 | ursement For: |
| | Full Name of Payee | Date of Public Distribution/Dissemination |
| | Joseph R Rys | 08 22 7 2014 |
| | Mailing Address 160 #50 Pompano Dr | Amount |
| | City State Zip Code | 37.50 |
| | New Bern NC 28560 | Transaction ID: 463c01bf-e7b2-46f4-b Date of Disbursement or Obligation |
| | Purpose of Expenditure Salary Category/ Type 001 | 08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| | | e Sought: House District: 00 |
| | Ms. Kay Hagan Oppose | President Senate State: NC |
| | Calendar Year-To-Date Per Election for Office Sought Disb 254351.52 | ursement For: Primary General Other (specify) ▶ |
| | | |
| | (a) SUBTOTAL of Itemized Independent Expenditures | 49.80 |
| | (b) SUBTOTAL of Unitemized Independent Expenditures | |
| | (c) TOTAL Independent Expenditures | |
| | Under penalty of perjury I certify that the independent expenditures reported herein were not m with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent. | |
| | (77) () 11 771 17 | 08 / 24 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| | | |

| Schedule E) | EXI EIID | | | PAGE 7 OF 61 FOR SE OF FORM 24/48 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------------|-----------------------|--------------------------------------------------------------|
| NAME OF COMMITTEE (In Full) | | | F | EC IDENTIFICATION NUMBER ▼ |
| Women Speak Out PAC | | | | C C00530766 |
| | | | | 0 00000700 |
| Check if 24-hour report 48-hour report | New repo | ort Amends repo | ort filed on | M / D = D / Y = Y = Y |
| Full Name of Payee | | | Date of | Public Distribution/Dissemination |
| Joseph R Rys | | | | 08 |
| Mailing Address 160 #50 Pompano Dr | | | Amount | |
| City | State | Zip Code | | 5.34 |
| New Bern | NC | 28560 | | ction ID: c7506463-f1c1-4d70-9 Disbursement or Obligation |
| Purpose of Expenditure Mileage | | Category/ Type 002 | М | 08 / 22 / 2014 |
| Name of Federal Candidate | | Support | Office Sought: | House District:00 |
| Ms. Kay Hagan | | X Oppose | Presider | t Senate State: NC |
| Calendar Year-To-Date Per Election for Office Sought | 2 | 254351.52 | Disbursement 2014 Oth | For: Primary |
| Full Name of Payee | | | Date of | Public Distribution/Dissemination |
| Donald Dessauer | | | | 08 22 2014 |
| Mailing Address 1804 Auburn Ave | | | | |
| | | | Amoun | |
| City | State | Zip Code | | 20.00 |
| Metaire | LA | 70003 | Transac Date of | tion ID : 259d1101-94bf-4317-a Disbursement or Obligation |
| Purpose of Expenditure Salary | | Category/ Type 001 | | 8 / 22 / 2014 |
| Name of Federal Candidate | | Support | Office Sought: | House District: 00 |
| Ms. Mary L Landrieu | | X Oppose | Presider | nt Senate State: LA |
| Calendar Year-To-Date Per Election for Office Sought | | 95433.48 | Disbursement 2014 Oth | For: Primary |
| _ | | | | |
| (a) SUBTOTAL of Itemized Independent Expenditures | | | . • | 25.34 |
| (b) SUBTOTAL of Unitemized Independent Expenditure | res | | | |
| () TOTAL Indianadan Franciskus | | | | |
| (c) TOTAL Independent Expenditures | | | • | 7 |
| Under penalty of perjury I certify that the independen with, or at the request or suggestion of, any candidate party committee) any political party committee or its accordance. | e or authorized | | | |
| Ms. Emily Buchanan | [Electron | cically Filed] Date | M M / N | 24 2014 |
| Signature | | | | |

| Schedule E) | IN EXILIN | JII OI LO | PAGE 8 OF 61 FOR SE OF FORM 24/48 |
|------------------------------------------------------|---------------------|-----------------------|-------------------------------------------------------------------------------------------------------------|
| NAME OF COMMITTEE (In Full) | | | FEC IDENTIFICATION NUMBER ▼ |
| Women Speak Out PAC | | | C C00530766 |
| Check if 24-hour report X 48-hour report | New re | port Amends repo | ort filed on |
| Full Name of Payee | | | Date of Public Distribution/Dissemination |
| Donald Dessauer | | | 08 / 22 / 2014 |
| Mailing Address 1804 Auburn Ave | | | Amount |
| City | State | Zip Code | 5.40 |
| Metaire | LA | 70003 | Transaction ID : 3e28736d-9ae0-48bd-a Date of Disbursement or Obligation |
| Purpose of Expenditure Mileage | | Category/ Type 002 | 08 / 22 / 2014 |
| Name of Federal Candidate | | Support | Office Sought: House District:00 |
| Ms. Mary L Landrieu | | X Oppose | President Senate State: LA |
| Calendar Year-To-Date Per Election for Office Sought | | 95433.48 | Disbursement For: Primary General 2014 Gther (specify) ▶ |
| Full Name of Payee | | | Date of Public Distribution/Dissemination |
| Antoinette Franklin | | | 08 / 22 / 2014 |
| Mailing Address 8822 Apple St | | | Amount |
| City | State | Zip Code | 40.00 |
| New Orleans | LA | 70188 | Transaction ID : b73c13be-5175-48f4-b Date of Disbursement or Obligation |
| Purpose of Expenditure Salary | | Category/ Type 001 | 08 / 22 / 2014 |
| Name of Federal Candidate | | Support | Office Sought: House District: 00 |
| Ms. Mary L Landrieu | | X Oppose | President Senate State: LA |
| Calendar Year-To-Date Per Election for Office Sought | .,, | 95433.48 | Disbursement For: Primary ☐ General Other (specify) ► |
| (a) SUBTOTAL of Itemized Independent Expendi | tures | | 45.40 |
| | | | |
| (b) SUBTOTAL of Unitemized Independent Experience | nditures | | - • |
| (c) TOTAL Independent Expenditures | | | |
| | lidate or authorize | | not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political |
| Ms. Emily Buchanan Signature | [Electro | onically Filed] Date | 9 08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| - | | | |

| Schedule E) | IN EXICIN | SHORLS | PAGE 9 OF 61 FOR SE OF FORM 24/48 |
|------------------------------------------------------|---------------------|-----------------------|-------------------------------------------------------------------------------------------------------------|
| NAME OF COMMITTEE (In Full) | | | FEC IDENTIFICATION NUMBER ▼ |
| Women Speak Out PAC | | | C C00530766 |
| Check if 24-hour report X 48-hour report | New re | eport Amends repo | ort filed on |
| Full Name of Payee Tammay Williams | | | Date of Public Distribution/Dissemination |
| Mailing Address 924 N. Prieur St | | | 08 22 2014 Amount |
| City | State | Zip Code | 80.00 |
| New Orleans | LA | 70116 | Transaction ID : 84cba995-52bf-4a7b-8 Date of Disbursement or Obligation |
| Purpose of Expenditure Salary | | Category/ Type 001 | 08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Name of Federal Candidate | | Support | Office Sought: House District: 00 |
| Ms. Mary L Landrieu | | X Oppose | President Senate State: LA |
| Calendar Year-To-Date Per Election for Office Sought | | 95433.48 | Disbursement For: Primary General 2014 Gther (specify) ▶ |
| Full Name of Payee Tammay Williams | | | Date of Public Distribution/Dissemination |
| | | | 08 / 22 / 2014 |
| Mailing Address 924 N. Prieur St | | | Amount |
| City | State | Zip Code | 13.50 |
| New Orleans | LA | 70116 | Transaction ID : 31bb4076-08a6-4d00-b Date of Disbursement or Obligation |
| Purpose of Expenditure Mileage | | Category/ Type 002 | 08 / 22 / 2014 |
| Name of Federal Candidate | | Support | Office Sought: House District: 00 |
| Ms. Mary L Landrieu | | X Oppose | President X Senate State: LA |
| Calendar Year-To-Date Per Election for Office Sought | .,, | 95433.48 | Disbursement For: Primary General 2014 Gther (specify) ▶ |
| (a) SUBTOTAL of Itemized Independent Expendi | tures | | 93.50 |
| (b) SUBTOTAL of Unitemized Independent Expe | nditures | | . • |
| (c) TOTAL Independent Expenditures | | | |
| (c) TOTAL independent Expenditures | | | · · · · · · · · · · · · · · · · · · · |
| | didate or authorize | | not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political |
| Ms. Emily Buchanan | [Electro | onically Filed] Date | 9 08 24 2014 |
| Signature | | | |

| Schedule E) | INI EXI EN | STICILO | PAGE 10 OF 61 FOR SE OF FORM 24/48 |
|------------------------------------------------------|---------------------|-----------------------|-------------------------------------------------------------------------------------------------------------|
| NAME OF COMMITTEE (In Full) | | | FEC IDENTIFICATION NUMBER ▼ |
| Women Speak Out PAC | | | C C00530766 |
| Check if 24-hour report X 48-hour report | New re | port Amends repo | ort filed on |
| Full Name of Payee Tammay Williams | | | Date of Public Distribution/Dissemination |
| Mailing Address 924 N. Prieur St | | | 08 22 2014 Amount |
| | 01.1 | 7: 0 ! | |
| City New Orleans | State LA | Zip Code 70116 | Transaction ID : b9bde387-09fc-4f35-9 Date of Disbursement or Obligation |
| Purpose of Expenditure Salary | | Category/ Type 001 | 08 / 22 / Y 2014 |
| Name of Federal Candidate | | Support | Office Sought: House District: 00 |
| Ms. Mary L Landrieu | | X Oppose | President Senate State: LA |
| Calendar Year-To-Date Per Election for Office Sought | | 95433.48 | Disbursement For: Primary General 2014 Other (specify) ▶ |
| Full Name of Payee Tammay Williams | | | Date of Public Distribution/Dissemination |
| Maritimer Address | | | 08 / 22 / 2014 |
| Mailing Address 924 N. Prieur St | | | Amount |
| City | State | Zip Code | 13.50 |
| New Orleans | LA | 70116 | Transaction ID: 66908441-b3d0-4082-9 Date of Disbursement or Obligation |
| Purpose of Expenditure Mileage | | Category/ Type 002 | 08 / 22 / Y 2014 |
| Name of Federal Candidate | | Support | Office Sought: House District: 00 |
| Ms. Mary L Landrieu | | X Oppose | President Senate State: LA |
| Calendar Year-To-Date Per Election for Office Sought | -,, | 95433.48 | Disbursement For: Primary ☐ General 2014 Gther (specify) ► |
| (a) SUBTOTAL of Itemized Independent Expend | tures | | ▶ 93.50 |
| (b) SUBTOTAL of Unitemized Independent Expe | nditures | | > |
| | | | 7 7 7 |
| (c) TOTAL Independent Expenditures | | | · · · · · · · · · · · · · · · · · · · |
| | didate or authorize | | not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political |
| Ms. Emily Buchanan Signature | [Electro | onically Filed] Date | 9 08 24 2014 |
| Olynature | | | |

| Sched | lule E) | | | | PAGE 11 OF 61 FOR SE OF FORM 24/48 |
|--------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-----------------------|-----------------------|---------------------------------------------------------------|
| | DF COMMITTEE (In Full) | | | | FEC IDENTIFICATION NUMBER ▼ |
| Wom | en Speak Out PAC | | | | C C00530766 |
| | | | | | 0 00000700 |
| Check if | 24-hour report X 48-hour report | New repo | ort Amends repo | ort filed on | M / D = D / Y = Y = Y |
| | Name of Payee | | | Date of | of Public Distribution/Dissemination |
| | | | | M | 08 22 2014 |
| Mail | ing Address 106 Hillside St | | | Amou | nt |
| City | | State | Zip Code | | 62.50 |
| | ndale | NC | 28160 | | action ID : 9c11b230-a79a-4ba5-b |
| Purp Sala | pose of Expenditure ary | | Category/ Type 001 | | of Disbursement or Obligation 08 |
| Nam | ne of Federal Candidate | | Support | Office Sough | t: House District: 00 |
| Ms. | Kay Hagan | | Oppose | Preside | NO. |
| | Calendar Year-To-Date Per Election for Office Sought | 2 | 254351.52 | Disbursemen 2014 | t For: Primary X General |
| Full | Name of Payee | | | | of Public Distribution/Dissemination |
| | avid Ford | | | | 1 M / D D / Y Y Y Y |
| Mail | ling Address 106 Hillside St | | | L | 08 22 2014 |
| | | | | Amou | nt |
| City | | State | Zip Code | | 24.45 |
| | indale | NC | 28160 | Transa Date | oction ID: ed8b1099-96a4-4b71-8 of Disbursement or Obligation |
| | pose of Expenditure eage | | Category/ Type 002 | | 08 / 22 / 2014 |
| | ne of Federal Candidate | | Support | Office Sough | nt: House District: 00 |
| Ms. | . Kay Hagan | | Oppose | Preside | ent Senate State: NC |
| | Calendar Year-To-Date Per Election for Office Sought | | 254351.52 | Disbursemen 2014 O | other (specify) ► |
| | | | | | |
| (a) S | SUBTOTAL of Itemized Independent Expenditures | \$ | | · • | 86.95 |
| (b) S | SUBTOTAL of Unitemized Independent Expenditu | ıres | | · • | 7 1 7 1 7 |
| (c) T | OTAL Independent Expenditures | | | · • | 7 1 7 1 1 7 |
| with, | r penalty of perjury I certify that the independer or at the request or suggestion of, any candidate committee) any political party committee or its a | te or authorized | | | |
| | Ms. Emily Buchanan | [Electron | ically Filed] Date | 08 | 24 2014 |
| Si | gnature | | | | |

| Sch | edule E) | 71101120 | | PAGE 12 OF 61 FOR SE OF FORM 24/48 |
|------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|----------------------------------|---------------------------------------------------|
| | E OF COMMITTEE (In Full) | | FEC ID | DENTIFICATION NUMBER ▼ |
| Wc | omen Speak Out PAC | | | C00530766 |
| Chec | k if 24-hour report X 48-hour report New rep | port Amends repo | rt filed on | D = D / Y = Y = Y |
| | | Amends repo | Tr filed off | |
| | iull Name of Payee Eric J Smith | | Date of Public | Distribution/Dissemination |
| N | Mailing Address 4967 Dysartville | | Amount | |
| | Sity State | Zip Code | | 80.00 |
| L | Morganton NC | 28655 | | D: 7369b733-7194-4879-8 ursement or Obligation |
| | Purpose of Expenditure Salary | Category/ Type 001 | 08 / | 22 / 2014 |
| Ν | lame of Federal Candidate | Support | Office Sought: | House District: 00 |
| | Ms. Kay Hagan | X Oppose | President > | Senate State: NC |
| | Calendar Year-To-Date Per Election for Office Sought | 254351.52 | Disbursement For: 2014 Other (sp | Primary |
| F | ull Name of Payee | | Date of Public | c Distribution/Dissemination |
| | Jennifer E Smith | | M M M 08 | 22 2014 |
| N | Mailing Address 4967 Dysartsville Rd | | - 00 | 22 2011 |
| | | | Amount | |
| | Dity State | Zip Code | | 80.00 |
| _ | Morganton NC | 28655 | Transaction II Date of Disbu | D: 64bc5bd2-3864-4453-b ursement or Obligation |
| | Purpose of Expenditure Salary | Category/ Type 001 | M 08 | 22 / 2014 |
| ١ | Name of Federal Candidate | Support | Office Sought: | House District: 00 |
| | Ms. Kay Hagan | Oppose | President | Senate State: NC |
| | Calendar Year-To-Date Per Election for Office Sought | 254351.52 | Disbursement For: 2014 Other (sp | Primary ∑ General Decify) ▶ |
| | | | | |
| (a) | SUBTOTAL of Itemized Independent Expenditures | | • | 160.00 |
| (b |) SUBTOTAL of Unitemized Independent Expenditures | | • | 4 1 4 |
| (c) | TOTAL Independent Expenditures | | • | |
| wit | der penalty of perjury I certify that the independent expenditures th, or at the request or suggestion of, any candidate or authorize rty committee) any political party committee or its agent. | | | |
| | Ms. Emily Buchanan [Electron | nically Filed] Date | 08 24 | 2014 |
| | Signature | | | |

| Schedule E) | LIVI EXI LIVE | TI OTILO | PAGE 13 OF 61 FOR SE OF FORM 24/48 |
|------------------------------------------------------|----------------------|-----------------------|------------------------------------------------------------------------------------------------------------|
| NAME OF COMMITTEE (In Full) | | | FEC IDENTIFICATION NUMBER ▼ |
| Women Speak Out PAC | | | C C00530766 |
| Check if 24-hour report X 48-hour report | New rep | port Amends repo | rt filed on |
| Full Name of Payee | | | Date of Public Distribution/Dissemination |
| Jennifer E Smith | | | 08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Mailing Address 4967 Dysartsville Rd | | | Amount |
| City | State | Zip Code | 9.00 |
| Morganton | NC | 28655 | Transaction ID: 41c7a3d4-1695-4464-a Date of Disbursement or Obligation |
| Purpose of Expenditure Mileage | | Category/ Type 002 | 08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Name of Federal Candidate | | Support | Office Sought: House District: 00 |
| Ms. Kay Hagan | | X Oppose | President Senate State: NC |
| Calendar Year-To-Date Per Election for Office Sought | , , , | 254351.52 | Disbursement For: Primary General 2014 Other (specify) ▶ |
| Full Name of Payee | | | Date of Public Distribution/Dissemination |
| Elizabeth M Moore | | | 08 / 22 / 2014 |
| Mailing Address 1223 Silver Sage Dr Apt 303 | 3 | | Amount |
| City | State | Zip Code | 15.00 |
| Raleigh | NC | 27606 | Transaction ID : fcd9908c-e099-42d3-8 Date of Disbursement or Obligation |
| Purpose of Expenditure Salary | | Category/ Type 001 | 08 / 22 / 2014 |
| Name of Federal Candidate | | Support | Office Sought: House District: 00 |
| Ms. Kay Hagan | | X Oppose | President Senate State: NC |
| Calendar Year-To-Date Per Election for Office Sought | 7 7 | 254351.52 | Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶ |
| (a) SUBTOTAL of Itemized Independent Expen | ditures | | 24.00 |
| , , | | | 7 7 |
| (b) SUBTOTAL of Unitemized Independent Exp | enditures | | • |
| (c) TOTAL Independent Expenditures | | | • |
| | ndidate or authorize | | not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political |
| Ms. Emily Buchanan Signature | [Electro | nically Filed] Date | 08 |
| | | | |

| Schedule E) | TI EXI EITE | | | PAGE 14 OF 61 FOR SE OF FORM 24/48 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|---------------------------|--------------------------|---------------------------------------------------------------|
| NAME OF COMMITTEE (In Full) | | | | FEC IDENTIFICATION NUMBER ▼ |
| Women Speak Out PAC | | | | C C00530766 |
| | | | | C 000000700 |
| Check if 24-hour report X 48-hour report | X New rep | port Amends repo | ort filed on | M / D = D / Y = Y = Y |
| Full Name of Payee | | | Date of | Public Distribution/Dissemination |
| Elizabeth M Moore | | | | 08 22 2014 |
| Mailing Address 1223 Silver Sage Dr Apt 303 | | | Amoun | t |
| City | State | Zip Code | | 4.17 |
| Raleigh | NC | 27606 | | ction ID: 21979687-2499-4c38-9 f Disbursement or Obligation |
| Purpose of Expenditure Mileage | | Category/ Type 002 | М | 08 / 22 / Y 2014 |
| Name of Federal Candidate | | Support | Office Sought: | House District:00 |
| Ms. Kay Hagan | | Oppose | Presider | NC NC |
| Calendar Year-To-Date Per Election for Office Sought | 7 | 254351.52 | Disbursement 2014 Oth | For: Primary X General ner (specify) ▶ |
| Full Name of Payee | _ | | Date of | f Public Distribution/Dissemination |
| Warren Gravois | | | | 08 22 2014 |
| Mailing Address 16005 7th St | | | | |
| | | | Amoun | t |
| City | State | Zip Code | | 30.00 |
| Pearlington | MS | 39572 | Transac Date of | tion ID: 99e9c5d3-3b25-424f-8 f Disbursement or Obligation |
| Purpose of Expenditure Salary | | Category/ Type 001 | | 08 / 22 / Y 2014 |
| Name of Federal Candidate | | Support | Office Sought | : House District: 00 |
| Ms. Mary L Landrieu | | X Oppose | Preside | nt Senate State: LA |
| Calendar Year-To-Date Per Election for Office Sought | | 95433.48 | Disbursement 2014 Ott | For: Primary X General her (specify) ▶ |
| | | | | |
| (a) SUBTOTAL of Itemized Independent Expenditu | ıres | | · • | 34.17 |
| (b) SUBTOTAL of Unitemized Independent Expend | ditures | | · • | 440 1 1 250 1 1 250 |
| , | | | | |
| (c) TOTAL Independent Expenditures | | | · • | 7 |
| Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any canding party committee) any political party committee or it | date or authorized | | | |
| Ms. Emily Buchanan | [Electroi | nically Filed] Date | M M / 08 | 24 2014 |
| Signature | | _ · · · · · · · · · · · · | ا لتنا ا | |

| Schedule E) | | DENT EXILITE | | | PAGE 15 OF 61 FOR SE OF FORM 24/48 |
|----------------------------|------------------------------------|-----------------------|-----------------------|--------------------|---------------------------------------------------------------------------------|
| NAME OF COMMI | | | | | FEC IDENTIFICATION NUMBER ▼ |
| Women Spe | ak Out PAC | | | | C C00530766 |
| | | | | M | M / D D / Y Y Y Y |
| Check if 24-ho | our report X 48-hour repor | t X New rep | port Amends repo | ort filed on | |
| Full Name of F Warren G | ^P ayee ravois | | | | of Public Distribution/Dissemination |
| Mailing Address | S 16005 7th St | | | | 08 22 2014 |
| | 10003 7111 01 | | | Amou | nt |
| City | | State | Zip Code | | 2.10 |
| Pearlington | | MS | 39572 | | action ID : 6afb376e-141a-4b3b-b of Disbursement or Obligation |
| Purpose of Exp Mileage | penditure | | Category/ Type 002 | М | 08 22 / 2014 |
| Name of Feder | al Candidate | | Support | Office Sough | t: House District:00 |
| Ms. Mary L Lai | ndrieu | | X Oppose | Preside | ent X Senate State: LA |
| | Year-To-Date on for Office Sought | .,,,, | 95433.48 | Disbursemen 2014 O | t For: Primary ⊠ General |
| Full Name of F | | | | Date of | of Public Distribution/Dissemination |
| Laura U Lo | ogie | | | M | 08 |
| Mailing Addres | S 2565 Shire Circle | | | Amou | |
| | | | | Amou | nı |
| City | | State | Zip Code | | 20.00 |
| Harrisonburg | | VA | 22801 | Transa Date | ction ID: 1cb385fc-c90e-45e3-a of Disbursement or Obligation |
| Purpose of Ex | penditure | | Category/ Type 001 | M | 08 / 22 / 2014 |
| Name of Fede | ral Candidate | | Support | Office Sough | t: House District:00 |
| Ms. Kay Hagar | 1 | | X Oppose | Preside | ent X Senate State: NC |
| | Year-To-Date on for Office Sought | ,,,, | 254351.52 | Disbursemen 2014 O | t For: |
| _ | | | | | |
| (a) SUBTOTAL | of Itemized Independent Expe | nditures | | • | 22.10 |
| (b) SUBTOTAL | of Unitemized Independent Ex | penditures | | | |
| (c) TOTAL Inde | pendent Expenditures | | | · . | |
| with, or at the re | | andidate or authorize | | | ooperation, consultation, or concert the reporting entity is not a political |
| Ms | Emily Buchanan | [Electron | nically Filed] Date | 9 08 | 24 2014 |
| Signature | | | | | |

| Scl | nedule E) | 7101120 | | PAGE 16 OF 61 FOR SE OF FORM 24/48 |
|-----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|-----------------------------|---------------------------------------------------------|
| | ME OF COMMITTEE (In Full) | | FEC | IDENTIFICATION NUMBER ▼ |
| W | omen Speak Out PAC | | С | C00530766 |
| | | | M = M | / D D / Y Y Y Y |
| Che | ck if 24-hour report X 48-hour report New rep | port Amends repo | rt filed on | |
| | Full Name of Payee Kenny Wallis | | | blic Distribution/Dissemination |
| - | Mailing Address 6412 Osage Dr | | 08 | 22 / 2014 |
| | 6412 Osage Dr | | Amount | |
| ŀ | City State | Zip Code | | 20.00 |
| | North Little rock AR | 72116 | | n ID: 8bc3997e-9af7-4608-b sbursement or Obligation |
| | Purpose of Expenditure Salary | Category/ Type 001 | 08 08 | 22 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| ŀ | Name of Federal Candidate | Support | Office Sought: | House District: 00 |
| | Mr. Mark L Pryor | Oppose | President | Senate State: AR |
| | Calendar Year-To-Date Per Election for Office Sought | 62582.15 | Disbursement For 2014 Other | : Primary X General (specify) ▶ |
| Γ | Full Name of Payee | | Date of Pu | blic Distribution/Dissemination |
| 1 | Kenny Wallis | | M = M 08 | / D D / Y Y Y Y Y Y 22 2014 |
| ľ | Mailing Address 6412 Osage Dr | | | |
| 1 | | | Amount | |
| ľ | City State | Zip Code | | 3.93 |
| | North Little rock AR | 72116 | Transaction Date of Dis | n ID : 760d1cda-b2f6-466d-8 sbursement or Obligation |
| | Purpose of Expenditure Mileage | Category/ Type 002 | M 08 | / 22 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Ι | Name of Federal Candidate | Support | Office Sought: | House District:00 |
| | Mr. Mark L Pryor | X Oppose | President | Senate State: AR |
| | Calendar Year-To-Date Per Election for Office Sought | 62582.15 | Disbursement For 2014 Other | : Primary X General |
| | | | | |
| (| a) SUBTOTAL of Itemized Independent Expenditures | | • | 23.93 |
| (1 | b) SUBTOTAL of Unitemized Independent Expenditures | | · • | 7 1 1 7 1 7 |
| (0 | C) TOTAL Independent Expenditures | | • | 7 |
| W | Inder penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized arty committee) any political party committee or its agent. | | | |
| | | nically Filed] Date | 08 / 24 | |
| | Signature | | | |

| Sch | edule E) | NDIT ON ES | PAGE 17 OF 61 FOR SE OF FORM 24/48 |
|-------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|---------------------------------------------------------------------------|
| | OF COMMITTEE (In Full) | | FEC IDENTIFICATION NUMBER ▼ |
| Wo | men Speak Out PAC | | C C00530766 |
| | | | M M / D D / Y Y Y Y |
| Check | c if 24-hour report 48-hour report New | report Amends repo | rt filed on |
| | ull Name of Payee Nick Berryhill | | Date of Public Distribution/Dissemination |
| | ailing Address 905 Lake Drive | | 08 / 22 / 2014 |
| " | aming radioos 905 Lake Drive | | Amount |
| С | ity State | Zip Code | 64.00 |
| 5 | Shelby NC | 28152 | Transaction ID : ab16e185-9c29-47d1-b Date of Disbursement or Obligation |
| | urpose of Expenditure Salary | Category/ Type 001 | 08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| N | ame of Federal Candidate | Support | Office Sought: House District: 00 |
| N | /Is. Kay Hagan | X Oppose | President Senate State: NC |
| | Calendar Year-To-Date Per Election for Office Sought | 254351.52 | Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶ |
| | ull Name of Payee | | Date of Public Distribution/Dissemination |
| ' | Nick Berryhill | | 08 22 7 2014 |
| N | lailing Address 905 Lake Drive | | Amount |
| | | | |
| | State Shelby NC | Zip Code 28152 | 24.60 Transaction ID : 95405dcc-0a52-4231-b |
| P | urpose of Expenditure | Category/ 002 | Date of Disbursement or Obligation |
| | Mileage | Type 002 | 08 22 2014 |
| N | ame of Federal Candidate | Support | Office Sought: House District: 00 |
| N | /ls. Kay Hagan | X Oppose | President Senate State: NC |
| | Calendar Year-To-Date Per Election for Office Sought | 254351.52 | Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶ |
| | | | |
| (a) | SUBTOTAL of Itemized Independent Expenditures | | 88.60 |
| (b) | SUBTOTAL of Unitemized Independent Expenditures | | • |
| (c) | TOTAL Independent Expenditures | | |
| (0) | | | 7 7 7 |
| witl | der penalty of perjury I certify that the independent expendith, or at the request or suggestion of, any candidate or authority committee) any political party committee or its agent. | | |
| | Ms. Emily Buchanan [Elec | ctronically Filed] Date | 08 24 2014 |
| | Signature | | |

| Sc | chedule E) | PAGE 18 OF 61 FOR SE OF FORM 24/48 |
|-----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|
| | ME OF COMMITTEE (In Full) | FEC IDENTIFICATION NUMBER ▼ |
| W | /omen Speak Out PAC | C C00530766 |
| Che | eck if 24-hour report X 48-hour report New report Amends report file | led on M M / D D / Y Y Y Y Y |
| _ | Full Name of Payee | Date of Bublic Distribution (Discouring tion |
| | Nicole N Ball | Date of Public Distribution/Dissemination M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| | Mailing Address 2528 Mill Creek Rd | Amount |
| ŀ | City State Zip Code | 40.00 |
| | Newport NC 28570 | Transaction ID: 8e72c78d-f4c0-4937-a Date of Disbursement or Obligation |
| | Purpose of Expenditure Salary Category/ Type 001 | 08 / D D / Y Y Y Y Y 2014 |
| ı | Name of Federal Candidate Support Of | ffice Sought: House District: 00 |
| | Ms. Kay Hagan Oppose | President Senate State: NC |
| | Odicilidai ical-io batc | sbursement For: |
| ſ | Full Name of Payee | Date of Public Distribution/Dissemination |
| 1 | Nicole N Ball | 08 22 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| ľ | Mailing Address 2528 Mill Creek Rd | |
| 1 | | Amount |
| ľ | City State Zip Code | 13.50 |
| | Newport NC 28570 | Transaction ID: 143d0ae7-eb40-4937-a Date of Disbursement or Obligation |
| | Purpose of Expenditure Mileage Category/ Type 002 | 08 / D D / Y Y Y Y Y Y Y |
| ľ | Name of Federal Candidate Support Of | ffice Sought: House District: 00 |
| | Ms. Kay Hagan Oppose | President X Senate State: NC |
| | | isbursement For: |
| | | |
| (| (a) SUBTOTAL of Itemized Independent Expenditures | 53.50 |
| (| (b) SUBTOTAL of Unitemized Independent Expenditures | |
| (| (c) TOTAL Independent Expenditures | |
| ٧ | Under penalty of perjury I certify that the independent expenditures reported herein were not with, or at the request or suggestion of, any candidate or authorized committee or agent of eit party committee) any political party committee or its agent. | |
| | Ms. Emily Buchanan [Electronically Filed] Date | 08 |
| | Signature | |

| Schedule E) | EIVI EXI EIVE | TIONEO | PAGE 19 OF 61 FOR SE OF FORM 24/48 |
|------------------------------------------------------|----------------------|-----------------------|-------------------------------------------------------------------------------------------------------------|
| NAME OF COMMITTEE (In Full) | | | FEC IDENTIFICATION NUMBER ▼ |
| Women Speak Out PAC | | | C C00530766 |
| Check if 24-hour report X 48-hour report | New rep | port Amends repo | ort filed on |
| Full Name of Payee | | | Date of Public Distribution/Dissemination |
| Tracy M Hargett | | | 08 / 22 / 2014 |
| Mailing Address 5133 Lord Bryon Road | | | Amount |
| City | State | Zip Code | 50.00 |
| Wilmington | NC | 28405 | Transaction ID : 287818e1-d0d4-4b9e-8 Date of Disbursement or Obligation |
| Purpose of Expenditure Salary | | Category/ Type 001 | 08 / 22 / 2014 |
| Name of Federal Candidate | | Support | Office Sought: House District:00 |
| Ms. Kay Hagan | | Oppose | President Senate State: NC |
| Calendar Year-To-Date Per Election for Office Sought | , , , | 254351.52 | Disbursement For: Primary General 2014 Other (specify) ▶ |
| Full Name of Payee | | | Date of Public Distribution/Dissemination |
| Tracy M Hargett | | | 08 / 22 / 2014 |
| Mailing Address 5133 Lord Bryon Road | | | Amount |
| City | State | Zip Code | 12.60 |
| Wilmington | NC | 28405 | Transaction ID : 2d2e9de3-274e-44b0-8 Date of Disbursement or Obligation |
| Purpose of Expenditure Mileage | | Category/ Type 002 | 08 / 22 / 2014 |
| Name of Federal Candidate | | Support | Office Sought: House District: 00 |
| Ms. Kay Hagan | | X Oppose | President Senate State: NC |
| Calendar Year-To-Date Per Election for Office Sought | | 254351.52 | Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶ |
| (a) SUBTOTAL of Itemized Independent Expen- | ditures | | 62.60 |
| | | | 7 7 7 |
| (b) SUBTOTAL of Unitemized Independent Exp | enditures | | • |
| (c) TOTAL Independent Expenditures | | | · • • • • • • • • • • • • • • • • • • • |
| | ndidate or authorize | | not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political |
| Ms. Emily Buchanan Signature | [Electron | nically Filed] Date | 08 24 7 2014 |
| ₹ | | | |

| Schedule E) | LIVI LXI LIVL | ATTOTILES | PAGE 20 OF 61 FOR SE OF FORM 24/48 |
|------------------------------------------------------|----------------------|-----------------------|------------------------------------------------------------------------------------------------------------|
| NAME OF COMMITTEE (In Full) | | | FEC IDENTIFICATION NUMBER ▼ |
| Women Speak Out PAC | | | C C00530766 |
| Check if 24-hour report X 48-hour report | New re | port Amends repo | rt filed on |
| Full Name of Payee | | | Date of Public Distribution/Dissemination |
| Steven Best | | | 08 / 22 / 2014 |
| Mailing Address 103 Washington Ave | | | Amount |
| City | State | Zip Code | 33.00 |
| Newport | NC | 28570 | Transaction ID: 67e423b7-9a8b-4cca-9 Date of Disbursement or Obligation |
| Purpose of Expenditure Salary | | Category/ Type 001 | 08 / 22 / 2014 |
| Name of Federal Candidate | | Support | Office Sought: House District:00 |
| Ms. Kay Hagan | | Oppose | President Senate State: NC |
| Calendar Year-To-Date Per Election for Office Sought | 7 1 7 | 254351.52 | Disbursement For: |
| Full Name of Payee | _ | | Date of Public Distribution/Dissemination |
| Steven Best | | | 08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Mailing Address 103 Washington Ave | | | Amount |
| City | State | Zip Code | 17.31 |
| Newport | NC | 28570 | Transaction ID: 9b339bae-4d19-44a5-9 Date of Disbursement or Obligation |
| Purpose of Expenditure Mileage | | Category/ Type 002 | 08 / 22 / 2014 |
| Name of Federal Candidate | | Support | Office Sought: House District: 00 |
| Ms. Kay Hagan | | X Oppose | President Senate State: NC |
| Calendar Year-To-Date Per Election for Office Sought | | 254351.52 | Disbursement For: Primary General General Other (specify) ▶ |
| (a) SUBTOTAL of Itemized Independent Expendent | ditures | | 50.31 |
| | | | 7 7 7 |
| (b) SUBTOTAL of Unitemized Independent Exp | enditures | | > |
| (c) TOTAL Independent Expenditures | | | • |
| | ndidate or authorize | | not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political |
| Ms. Emily Buchanan Signature | [Electro | nically Filed] Date | 08 / 24 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| g | | | |

| Schedule E) | LIVI EXI END | HOHLO | PAGE 21 OF 61 FOR SE OF FORM 24/48 |
|------------------------------------------------------|-----------------------|-----------------------|----------------------------------------------------------------------------------------------------------|
| NAME OF COMMITTEE (In Full) | | | FEC IDENTIFICATION NUMBER ▼ |
| Women Speak Out PAC | | | C C00530766 |
| Check if 24-hour report X 48-hour report | New rep | oort Amends repo | rt filed on |
| Full Name of Payee | | | Date of Public Distribution/Dissemination |
| Lisa Miller | | | 08 / 22 / 2014 |
| Mailing Address 718 Azalea Dr. | | | Amount |
| Unit 453 | | | |
| City | State | Zip Code | 51.50 |
| Hampstead | NC | 28443 | Transaction ID: 5025248d-d2ea-4c19-9 Date of Disbursement or Obligation |
| Purpose of Expenditure Salary | | Category/ Type 001 | 08 |
| Name of Federal Candidate | | Support | Office Sought: House District: 00 |
| Ms. Kay Hagan | | Oppose | President Senate State: NC |
| Calendar Year-To-Date Per Election for Office Sought | .,, | 254351.52 | Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶ |
| Full Name of Payee | | | Date of Public Distribution/Dissemination |
| Lisa Miller | | | 08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Mailing Address 718 Azalea Dr. | | | Amount |
| Unit 453 | | | |
| City Hampstead | State NC | Zip Code 28443 | 17.37 Transaction ID : 92bd8e5c-f9f3-4e92-8 |
| Purpose of Expenditure | | | Date of Disbursement or Obligation |
| Mileage | | Category/ Type 002 | 08 / 22 / 2014 |
| Name of Federal Candidate | | Support | Office Sought: House District: 00 |
| Ms. Kay Hagan | | Oppose | President Senate State: NC |
| Calendar Year-To-Date Per Election for Office Sought | | 254351.52 | Disbursement For: Primary General 2014 General Other (specify) ▶ |
| (a) SUBTOTAL of Itemized Independent Expen | ditures | | 68.87 |
| , , , , , , , , , , , , , , , , , , , , | | | 7 7 7 |
| (b) SUBTOTAL of Unitemized Independent Exp | enditures | | • |
| (c) TOTAL Independent Expenditures | | | • |
| | ndidate or authorized | | not made in cooperation, consultation, or concert either, or (if the reporting entity is not a political |
| Ms. Emily Buchanan Signature | [Electron | nically Filed] Date | 08 24 2014 |
| Signature | | | |

| Schedule E) | LXI LNDII | OHLO | | | | PAGE 22 OF 61 FOR SE OF FORM 24/48 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-------------------|----------|-----------------------|--------------------|-------------------------------------------------|
| NAME OF COMMITTEE (In Full) | | | | | FEC ID | ENTIFICATION NUMBER ▼ |
| Women Speak Out PAC | | | | | C | C00530766 |
| Check if 24-hour report X 48-hour report | X New repor | rt Ame | nds repo | rt filed on | M / | D = D / Y = Y = Y = Y |
| Full Name of Payee Amanda Boley | | | | | - M / | : Distribution/Dissemination |
| Mailing Address Split Oak Drive | | | | Amou | 08 nt | 22 2014 |
| City St | tate Z | Zip Code | | | | 60.00 |
| | | 28227 | | | | D: 20339eb2-b388-400b-8 rsement or Obligation |
| Purpose of Expenditure Salary | | Category/ Type | 001 | M | 08 | 22 / 2014 |
| Name of Federal Candidate | I | Sı | upport | Office Sough | t: | House District: 00 |
| Ms. Mary L Landrieu | | | ppose | Preside | | Senate State: LA |
| Calendar Year-To-Date Per Election for Office Sought | 9 | 5433.48 | | Disbursemen 2014 O | t For: ther (sp | Primary X General ecify) ▶ |
| Full Name of Payee | | | | Date | of Public | Distribution/Dissemination |
| Amanda Boley | | | | N | 08 / | 22 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Mailing Address Split Oak Drive | | | | Amou | | 22 2011 |
| | | | | Amou | | |
| City | tate 2 | Zip Code | | | | 25.68 |
| | NC | 28227 | | | | : 4c5bb6c0-98bd-4792-9 rsement or Obligation |
| Purpose of Expenditure Mileage | | Category/ Type | 002 | N | 08 | 22 / 2014 |
| Name of Federal Candidate | | S | upport | Office Sough | t: | House District: 00 |
| Ms. Mary L Landrieu | | X | ppose | Preside | ent > | Senate State: LA |
| Calendar Year-To-Date Per Election for Office Sought | | 95433.48 | | Disbursemen 2014 C | t For: ther (sp | Primary |
| | | <u> </u> | | | | |
| (a) SUBTOTAL of Itemized Independent Expenditures | | | | • | - | 85.68 |
| (b) SUBTOTAL of Unitemized Independent Expenditures | 3 | | | • | -7- | |
| (c) TOTAL Independent Expenditures | | | | • | - | |
| Under penalty of perjury I certify that the independent exith, or at the request or suggestion of, any candidate of party committee) any political party committee or its age | or authorized of | | | | | |
| Ms. Emily Buchanan | [Electronic | ally Filed] | Date | 08 / | 24 | 2014 |
| Signature | | | | | | |

| Schedule E) | | SEITT EXTERNS | | | PAGE 23 OF 61 FOR SE OF FORM 24/48 |
|----------------------|------------------------------------------|------------------------|-----------------------|--------------------------|--------------------------------------------------------------------------------|
| | MITTEE (In Full) | | | ı | FEC IDENTIFICATION NUMBER ▼ |
| Women Sp | peak Out PAC | | | | C C00530766 |
| Check if 24 | l-hour report X 48-hour report | New rep | ort Amends repo | ort filed on | M / D D / Y Y Y Y Y |
| Full Name of Frances | of Payee sca Blom | | | M | f Public Distribution/Dissemination |
| Mailing Add | ress 101 Asbury Ct | | | Amoun | 08 22 2014 t |
| City | | State | Zip Code | | 80.00 |
| Winchester | | VA | 22602 | | ction ID: d5d954dd-4dc9-4317-8 f Disbursement or Obligation |
| Purpose of Salary | Expenditure | | Category/ Type 001 | M | 08 22 2014 |
| Name of Fe | deral Candidate | | Support | Office Sought: | House District: 00 |
| Ms. Kay Ha | gan | | X Oppose | Preside | NC NC |
| | ar Year-To-Date action for Office Sought | 2 | 254351.52 | Disbursement 2014 Ott | For: Primary X General ner (specify) ▶ |
| Full Name of Jacob S | | | | M | f Public Distribution/Dissemination |
| Mailing Add | ress 3875 Old Stage Rd S | | | Amoun | |
| City | | State | Zip Code | — I | 20.00 |
| Erwin | | NC | 28339 | Transac Date o | ction ID : 117ac07f-0100-48e4-b f Disbursement or Obligation |
| Purpose of Salary | Expenditure | | Category/ Type 001 | | 08 22 2014 |
| Name of Fe | deral Candidate | | Support | Office Sought | : House District: 00 |
| Ms. Kay Ha | gan | | X Oppose | Preside | |
| | ar Year-To-Date ection for Office Sought | 7 1 7 | 254351.52 | Disbursement 2014 Ot | For: |
| (a) SUBTOTA | AL of Itemized Independent Exper | nditures | | | 100.00 |
| (b) SUBTOTA | AL of Unitemized Independent Exp | penditures | | | |
| (c) TOTAL In | ndependent Expenditures | | | • | 7 7 7 |
| with, or at the | | andidate or authorized | | | opperation, consultation, or concert ne reporting entity is not a political |
| | Ms. Emily Buchanan | [Electron | ically Filed] Date | 08 | 24 2014 |
| Signature | | | | | |

| Schedule E) | LAFLIND | TUNES | | PAGE 24 OF 61 FOR SE OF FORM 24/48 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------------|--------------------------|-----------------------------------------------------------------|
| NAME OF COMMITTEE (In Full) | | | 1 | FEC IDENTIFICATION NUMBER ▼ |
| Women Speak Out PAC | | | | C C00530766 |
| Check if 24-hour report X 48-hour report | New rep | ort Amends repo | | M / D D / Y Y Y Y Y |
| Full Name of Payee Jacob S Mann | | | | f Public Distribution/Dissemination |
| Mailing Address 3875 Old Stage Rd S | | | Amoun | 08 22 2014 t |
| | | | | |
| City | State | Zip Code | | 33.00 |
| Erwin | NC | 28339 | | ction ID: 1246ac5d-ad56-4d14-9 f Disbursement or Obligation |
| Purpose of Expenditure Mileage | | Category/ Type 002 | | 08 22 7 2014 |
| Name of Federal Candidate | | Support | Office Sought | House District: 00 |
| Ms. Kay Hagan | | X Oppose | Preside | nt Senate State: NC |
| Calendar Year-To-Date Per Election for Office Sought | , , , 2 | 254351.52 | Disbursement 2014 Otl | For: Primary ⊠ General |
| Full Name of Payee | | | | f Public Distribution/Dissemination |
| Lourdes Lopez | | | | 08 22 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Mailing Address 2936 Brushwood Ave | | | Amour | |
| City | State | Zip Code | | 30.00 |
| Springdale | AR | 72764 | | ction ID : bee88db3-5d49-4a28-b f Disbursement or Obligation |
| Purpose of Expenditure Salary | | Category/ Type 001 | | 08 22 2014 |
| Name of Federal Candidate | | Support | Office Sought | : House District: 00 |
| Mr. Mark L Pryor | | Oppose | Preside | |
| Calendar Year-To-Date Per Election for Office Sought | , , , | 62582.15 | Disbursement 2014 Ot | For: Primary |
| (a) SUBTOTAL of Itemized Independent Expenditures | 3 | | | 63.00 |
| | | | | 7- 7 |
| (b) SUBTOTAL of Unitemized Independent Expenditu | res | | • | 7 |
| (c) TOTAL Independent Expenditures | | | • | 7 |
| Under penalty of perjury I certify that the independer with, or at the request or suggestion of, any candidate party committee) any political party committee or its a | e or authorized | | | |
| Ms. Emily Buchanan | [Electron | ically Filed] Date | M M / 08 | 24 2014 |
| Signature | | | | |

| Schedule E) | LIVI EXI EIVI | DITORLO | PAGE 25 OF 61 FOR SE OF FORM 24/48 |
|------------------------------------------------------|----------------------|-----------------------|-------------------------------------------------------------------------------------------------------------|
| NAME OF COMMITTEE (In Full) | | | FEC IDENTIFICATION NUMBER ▼ |
| Women Speak Out PAC | | | C C00530766 |
| Check if 24-hour report X 48-hour report | X New re | eport Amends repo | ort filed on |
| Full Name of Payee | | | Date of Public Distribution/Dissemination |
| Lourdes Lopez | | | 08 / 22 / 2014 |
| Mailing Address 2936 Brushwood Ave | | | Amount |
| City | State | Zip Code | 13.50 |
| Springdale | AR | 72764 | Transaction ID : 694ee719-7dcd-4365-8 Date of Disbursement or Obligation |
| Purpose of Expenditure Mileage | | Category/ Type 002 | 08 / 22 / 2014 |
| Name of Federal Candidate | | Support | Office Sought: House District:00 |
| Mr. Mark L Pryor | | X Oppose | President Senate State: AR |
| Calendar Year-To-Date Per Election for Office Sought | | 62582.15 | Disbursement For: Primary General 2014 Other (specify) ▶ |
| Full Name of Payee | | | Date of Public Distribution/Dissemination |
| Christopher Marquess | | | 08 22 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Mailing Address 110 W Pecan St | | | Amount |
| City | State | Zip Code | 55.00 |
| Ville Platte | LA | 70586 | Transaction ID : 53b7b1c3-7445-48a4-9 Date of Disbursement or Obligation |
| Purpose of Expenditure Salary | | Category/ Type 001 | 08 / DDD / Y Y Y Y Y Y 2014 |
| Name of Federal Candidate | | Support | Office Sought: House District: 00 |
| Ms. Mary L Landrieu | | X Oppose | President Senate State: LA |
| Calendar Year-To-Date Per Election for Office Sought | | 95433.48 | Disbursement For: Primary ☐ General Other (specify) ☐ |
| (a) SUBTOTAL of Itemized Independent Expen- | ditures | | . ▶ 68.50 |
| ., | | | 7 7 |
| (b) SUBTOTAL of Unitemized Independent Exp | enditures | | • |
| (c) TOTAL Independent Expenditures | | | · |
| | ndidate or authorize | | not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political |
| Ms. Emily Buchanan Signature | [Electro | onically Filed] Date | 08 24 2014 |
| - | | | |

| Schedule E) | ILFOITI OF INDE | PENDENT EXPEND | ITONES | | PAGE 26 OF 61 FOR SE OF FORM 24/48 |
|-----------------------------|--------------------------------------|-----------------------------|-----------------------|--------------------------|-----------------------------------------------------------------------------|
| NAME OF COMMI | | | | FI | EC IDENTIFICATION NUMBER ▼ |
| Women Spe | ak Out PAC | | | | C00530766 |
| Check if 24-h | our report X 48-hour | report New rep | ort Amends repo | ort filed on | M / D = D / Y = Y = Y |
| Full Name of F Christoph | Payee er Marquess | | | M | |
| Mailing Addres | S 110 W Pecan St | | | O8 Amount | 3 22 2014 |
| City | | State | Zip Code | $ \square$ | 38.40 |
| Ville Platte | | LA | 70586 | | tion ID : c8961615-bbec-4f89-b Disbursement or Obligation |
| Purpose of Ex Mileage | penditure | | Category/ Type 002 | M 08 | |
| Name of Fede | ral Candidate | | Support | Office Sought: | House District: 00 |
| Ms. Mary L La | ndrieu | | X Oppose | President | Senate State: LA |
| | Year-To-Date on for Office Sought | | 95433.48 | Disbursement F 2014 Othe | for: Primary |
| Full Name of I | | | | Date of | Public Distribution/Dissemination |
| Stephanie | L Heun | | | O8 | |
| Mailing Addres | 8026 S Wilwood Dr | Apt 101 | | Amount | |
| City | | State | Zip Code | | 50.00 |
| Oak Creek | | WI | 53154 | | ion ID : ec76c90f-4b18-4a70-a Disbursement or Obligation |
| Purpose of Ex Salary | penditure | | Category/ Type 001 | M 08 | |
| Name of Fede | ral Candidate | | Support | Office Sought: | House District:00 |
| Ms. Kay Haga | n | | X Oppose | President | Senate State: NC |
| | Year-To-Date for Office Sought | 7 | 254351.52 | Disbursement F 2014 Othe | For: Primary X General er (specify) ▶ |
| (a) SUBTOTAL | of Itemized Independent | Expenditures | | | 88.40 |
| (b) SUBTOTAL | of Unitemized Independ | ent Expenditures | | | 7 1 7 1 7 1 |
| . , | · | · | | | 4 4 |
| (c) TOTAL Inde | ependent Expenditures | | | • | 7 1 7 1 7 |
| with, or at the r | | any candidate or authorized | | | peration, consultation, or concert e reporting entity is not a political |
| Ms Signature | Emily Buchanan | [Electron | nically Filed] Date | | 24 2014 |
| ŭ | | | | | |

| Schedule E) | LIVI EXI EIV | DITOTILO | PAGE 27 OF 61 FOR SE OF FORM 24/48 |
|------------------------------------------------------|--------------------|-----------------------|-------------------------------------------------------------------------------------------------------------|
| NAME OF COMMITTEE (In Full) | | | FEC IDENTIFICATION NUMBER ▼ |
| Women Speak Out PAC | | | C C00530766 |
| Check if 24-hour report X 48-hour report | X New re | eport Amends repo | ort filed on |
| Full Name of Payee | | | Date of Public Distribution/Dissemination |
| Lily Green | | | 08 / 22 / 2014 |
| Mailing Address 205 Medallion Circle | | | Amount |
| City | State | Zip Code | 60.00 |
| Shreveport | LA | 71119 | Transaction ID : 17fa4b1b-85a3-442f-b Date of Disbursement or Obligation |
| Purpose of Expenditure Salary | | Category/ Type 001 | 08 / 22 / 2014 |
| Name of Federal Candidate | | Support | Office Sought: House District:00 |
| Ms. Mary L Landrieu | | Oppose | President Senate State: LA |
| Calendar Year-To-Date Per Election for Office Sought | | 95433.48 | Disbursement For: Primary General 2014 Other (specify) ▶ |
| Full Name of Payee | | | Date of Public Distribution/Dissemination |
| Lily Green | | | 08 / 22 / 2014 |
| Mailing Address 205 Medallion Circle | | | Amount |
| City | State | Zip Code | 12.00 |
| Shreveport | LA | 71119 | Transaction ID : b245e241-3cad-4d71-b Date of Disbursement or Obligation |
| Purpose of Expenditure Mileage | | Category/ Type 002 | 08 / 22 / 2014 |
| Name of Federal Candidate | | Support | Office Sought: House District: 00 |
| Ms. Mary L Landrieu | | X Oppose | President Senate State: LA |
| Calendar Year-To-Date Per Election for Office Sought | 1-9-1-1-9 | 95433.48 | Disbursement For: Primary General 2014 General Other (specify) ▶ |
| (a) SUBTOTAL of Itemized Independent Expendent | litures | | > 72.00 |
| | | | |
| (b) SUBTOTAL of Unitemized Independent Expe | enditures | | • |
| (c) TOTAL Independent Expenditures | | | • |
| | didate or authoriz | | not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political |
| Ms. Emily Buchanan Signature | [Electro | onically Filed] Date | 9 08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| - 3 | | | |

| Sch | edule E) | XI LIVE | 101120 | | | | PAGE 28 OF 61 FOR SE OF FORM 24/48 |
|------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-------------------|------------|-------------------|---------------------------|----------------------------------------------------|
| | E OF COMMITTEE (In Full) | | | | | FEC II | DENTIFICATION NUMBER ▼ |
| Wc | omen Speak Out PAC | | | | | С | C00530766 |
| Chec | k if 24-hour report X 48-hour report | New repo | ort Am | nends repo | ort filed on | M M | / D = D / Y = Y = Y |
| | | | | | | | |
| Ľ | Gregory Green | | | | Dat | e of Public | c Distribution/Dissemination |
| N | Mailing Address 2506 Bolch Street | | | | Am | ount | |
| C | Dity Sta | te | Zip Code | | — F | | 80.00 |
| - 1 | Shreveport L/ | A | 71104 | | | | ID: 5ddbba6c-95d2-427c-b ursement or Obligation |
| | Purpose of Expenditure Salary | | Category/ Type | 001 | | 08 | 22 / 2014 |
| Ν | Name of Federal Candidate | | | Support | Office Sou | ight: | House District:00 |
| 1 | Ms. Mary L Landrieu | | X | Oppose | Pres | sident | Senate State: LA |
| | Calendar Year-To-Date Per Election for Office Sought | | 95433.48 | | Disbursem 2014 | ent For: Other (sp | Primary X General Decify) ▶ |
| | Full Name of Payee | | | | Da | te of Publi | ic Distribution/Dissemination |
| | Gregory Green | | | | | M = M 08 | 22 2014 |
| N | Mailing Address 2506 Bolch Street | | | | | 00 | 22 2011 |
| | | | | | Am | ount | |
| | Dity Sta | te | Zip Code | | | | 18.00 |
| | Shreveport L | A | 71104 | | Trar Da | nsaction II te of Disb | D: 20bd80d1-e49f-41c3-b ursement or Obligation |
| | Purpose of Expenditure Mileage | | Category/ Type | 002 | | 08 08 | 22 2014 |
| ١ | Name of Federal Candidate | | | Support | Office Sou | ıght: | House District: 00 |
| | Ms. Mary L Landrieu | | X | Oppose | Pres | sident | Senate State: LA |
| | Calendar Year-To-Date Per Election for Office Sought | | 95433.4 | 8 | Disbursem 2014 | nent For: Other (sp | Primary X General pecify) ▶ |
| | | | | | | | |
| (a) |) SUBTOTAL of Itemized Independent Expenditures | | | | • • | - | 98.00 |
| (b |) SUBTOTAL of Unitemized Independent Expenditures. | | | | · • [| | 7 1 4 |
| (c) |) TOTAL Independent Expenditures | | | | • | | |
| wit | nder penalty of perjury I certify that the independent ex th, or at the request or suggestion of, any candidate or arty committee) any political party committee or its agen | authorized | | | | | |
| | Ms. Emily Buchanan | [Electroni | ically Filed] | Date | M M M | / 24 | / Y Y Y Y Y Y 2014 |
| | Signature | | _ | | | | |

| Schedule E) | LIVI EXI ENL | JII OI LEO | PAGE 29 OF 61 FOR SE OF FORM 24/48 |
|------------------------------------------------------|---------------------|-----------------------|------------------------------------------------------------------------------------------------------------|
| NAME OF COMMITTEE (In Full) | | | FEC IDENTIFICATION NUMBER ▼ |
| Women Speak Out PAC | | | C C00530766 |
| Check if 24-hour report X 48-hour report | New re | port Amends repo | rt filed on |
| Full Name of Payee Claire A Smith | | | Date of Public Distribution/Dissemination |
| Mailing Address 6610 Walcott Rd | | | 08 22 2014 |
| | | | Amount |
| City | State | Zip Code | 40.00 |
| Paragoud | AR | 72450 | Transaction ID: 8ef81fad-4c0f-4366-b Date of Disbursement or Obligation |
| Purpose of Expenditure Salary | | Category/ Type 001 | 08 / 22 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Name of Federal Candidate | | Support | Office Sought: House District:00 |
| Mr. Mark L Pryor | | X Oppose | President State: AR |
| Calendar Year-To-Date Per Election for Office Sought | | 62582.15 | Disbursement For: Primary General 2014 Other (specify) ▶ |
| Full Name of Payee | | | Date of Public Distribution/Dissemination |
| Barbara A Williams | | | 08 / 22 / 2014 |
| Mailing Address 3002 Darden Rd | | | Amount |
| Apt A | | | |
| City Greensboro | State NC | Zip Code 27407 | 100.00 Transaction ID: 86e0d3fe-5a78-49f9-8 |
| Purpose of Expenditure Salary | | Category/ 001 | Date of Disbursement or Obligation 08 22 2014 |
| | | Туре | |
| Name of Federal Candidate Ms. Kay Hagan | | Support Oppose | Office Sought: House District: 00 President Senate State: NC |
| | | У Оррозс | ☐ President ☐ Senate State: ☐ Disbursement For: ☐ Primary ☐ General |
| Calendar Year-To-Date Per Election for Office Sought | | 254351.52 | 2014 Other (specify) |
| (a) CURTOTAL of Harrison Independent Funeral | | | 140.00 |
| (a) SUBTOTAL of Itemized Independent Expend | itures | | 140.00 |
| (b) SUBTOTAL of Unitemized Independent Expe | nditures | | > |
| (c) TOTAL Independent Expenditures | | | • |
| | didate or authorize | | not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political |
| Ms. Emily Buchanan Signature | [Electro | nically Filed] Date | 08 |
| 5.g.iataro | | | |

| Schedule E) | LIVI EXI ENL | TI OILO | PAGE 30 OF 61 FOR SE OF FORM 24/48 |
|------------------------------------------------------|---------------------|-----------------------|----------------------------------------------------------------------------------------------------------|
| NAME OF COMMITTEE (In Full) | | | FEC IDENTIFICATION NUMBER ▼ |
| Women Speak Out PAC | | | C C00530766 |
| Check if 24-hour report X 48-hour report | New re | port Amends repo | t filed on |
| Full Name of Payee | | | Date of Public Distribution/Dissemination |
| Peggy A Sides | | | 08 / 22 / 2014 |
| Mailing Address 2183 Spokane Rd | | | Amount |
| City | State | Zip Code | 40.00 |
| Fayetteville | NC | 28304 | Transaction ID: c167b995-2443-4e13-8 Date of Disbursement or Obligation |
| Purpose of Expenditure Salary | | Category/ Type 001 | 08 / 22 / 2014 |
| Name of Federal Candidate | | Support | Office Sought: House District:00 |
| Ms. Kay Hagan | | Oppose | President Senate State: NC |
| Calendar Year-To-Date Per Election for Office Sought | | 254351.52 | Disbursement For: |
| Full Name of Payee | | | Date of Public Distribution/Dissemination |
| Peggy A Sides | | | 08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Mailing Address 2183 Spokane Rd | | | Amount |
| City | State | Zip Code | 40.00 |
| Fayetteville | NC | 28304 | Transaction ID : 7ef09b15-7ac6-406e-a Date of Disbursement or Obligation |
| Purpose of Expenditure Salary | | Category/ Type 001 | 08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Name of Federal Candidate | | Support | Office Sought: House District: 00 |
| Ms. Kay Hagan | | X Oppose | President Senate State: NC |
| Calendar Year-To-Date Per Election for Office Sought | | 254351.52 | Disbursement For: |
| (a) SUBTOTAL of Itemized Independent Expend | itures | | 80.00 |
| | | | 7- 7- 7- |
| (b) SUBTOTAL of Unitemized Independent Expe | nditures | | • |
| (c) TOTAL Independent Expenditures | | | • |
| | didate or authorize | | not made in cooperation, consultation, or concert either, or (if the reporting entity is not a political |
| Ms. Emily Buchanan Signature | [Electro | nically Filed] Date | 08 / 24 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| - 3 | | | |

| Schedule E) | INT EXTEND | TIONES | PAGE 31 OF 61 FOR SE OF FORM 24/48 |
|------------------------------------------------------|---------------------|-----------------------|------------------------------------------------------------------------------------------------------------|
| NAME OF COMMITTEE (In Full) | | | FEC IDENTIFICATION NUMBER ▼ |
| Women Speak Out PAC | | | C C00530766 |
| Check if 24-hour report X 48-hour report | New rep | port Amends repo | rt filed on |
| Full Name of Payee Linda J Fueling | | | Date of Public Distribution/Dissemination |
| Mailing Address 6424 Purple Martin Ct | | | 08 22 2014 Amount |
| | | | |
| City Wilmington | State NC | Zip Code 28411 | 54.00 Transaction ID: 0fa83a6f-bc1d-4c6f-b |
| Purpose of Expenditure Salary | | Category/ Type 001 | Date of Disbursement or Obligation M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Name of Federal Candidate | | Support | Office Sought: House District: 00 |
| Ms. Kay Hagan | | X Oppose | President Senate State: NC |
| Calendar Year-To-Date Per Election for Office Sought | 7 7 | 254351.52 | Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶ |
| Full Name of Payee Linda J Fueling | | | Date of Public Distribution/Dissemination |
| Mailing Address 6424 Purple Martin Ct | | | 08 22 2014 Amount |
| City | State | Zip Code | 16.32 |
| Wilmington | NC | 28411 | Transaction ID : 4d76cca6-cf93-4631-9 Date of Disbursement or Obligation |
| Purpose of Expenditure Mileage | | Category/ Type 002 | 08 / 22 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Name of Federal Candidate | | Support | Office Sought: House District: 00 |
| Ms. Kay Hagan | | Oppose | President Senate State: NC |
| Calendar Year-To-Date Per Election for Office Sought | .,, | 254351.52 | Disbursement For: Primary General 2014 General Other (specify) ▶ |
| (a) SUBTOTAL of Itemized Independent Expend | tures | | 70.32 |
| (b) SUBTOTAL of Unitemized Independent Expe | nditures | | |
| | | | 4 4 |
| (c) TOTAL Independent Expenditures | | | > |
| | didate or authorize | | not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political |
| Ms. Emily Buchanan Signature | [Electron | nically Filed] Date | 08 24 2014 |
| Signature | | | |

| Sc | hedule E) | 71101120 | | PAGE 32 OF 61 FOR SE OF FORM 24/48 |
|-----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|-----------------------------------|-------------------------------------------------|
| | ME OF COMMITTEE (In Full) | | FEC ID | ENTIFICATION NUMBER ▼ |
| W | omen Speak Out PAC | | | C00530766 |
| Che | eck if 24-hour report X 48-hour report New rep | port Amends repo | rt filed on | D = D / Y = Y = Y |
| _ | Full Name of Payee | | Date of Public | : Distribution/Dissemination |
| | Thomas Dias | | M - M / 08 | 22 / 2014 |
| | Mailing Address 110 Maryella Dr | | Amount | |
| ŀ | City State | Zip Code | | 50.00 |
| | Searcy AR | 72143 | | D: 0ceca6f7-bd3d-4129-a rsement or Obligation |
| | Purpose of Expenditure Salary | Category/ Type 001 | 08 | 22 / 2014 |
| ľ | Name of Federal Candidate | Support | Office Sought: | House District: 00 |
| | Mr. Mark L Pryor | X Oppose | President > | Senate State: AR |
| | Calendar Year-To-Date Per Election for Office Sought | 62582.15 | Disbursement For: 2014 Other (spe | Primary X General ecify) ▶ |
| ſ | Full Name of Payee | | Date of Public | Distribution/Dissemination |
| | Thomas Dias | | M M / | 22 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| ŀ | Mailing Address 110 Maryella Dr | | | 22 2014 |
| | | | Amount | |
| ŀ | City State | Zip Code | | 28.20 |
| | Searcy AR | 72143 | Transaction ID Date of Disbu | : 34bbfd20-b9e5-451d-9 rsement or Obligation |
| | Purpose of Expenditure Mileage | Category/ Type 002 | 08 | 22 / 2014 |
| ľ | Name of Federal Candidate | Support | Office Sought: | House District: 00 |
| ŀ | Mr. Mark L Pryor | Oppose | President > | Senate State: AR |
| | Calendar Year-To-Date Per Election for Office Sought | 62582.15 | Disbursement For: 2014 Other (sp | Primary X General ecify) ► |
| | | | | |
| (| a) SUBTOTAL of Itemized Independent Expenditures | | • | 78.20 |
| (| b) SUBTOTAL of Unitemized Independent Expenditures | | · • | |
| (| c) TOTAL Independent Expenditures | | • | |
| ٧ | Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent. | | | |
| | Ms. Emily Buchanan [Electron | nically Filed] Date | 08 / 24 | / Y Y Y Y Y Y 2014 |
| | Signature | | | |

| Schedule E) | IN EXILITE | TI OTILO | PAGE 33 OF 61 FOR SE OF FORM 24/48 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|-----------------------|---------------------------------------------------------------------------------|
| NAME OF COMMITTEE (In Full) | | | FEC IDENTIFICATION NUMBER ▼ |
| Women Speak Out PAC | | | C C00530766 |
| Check if 24-hour report X 48-hour report | New re | port Amends repo | rt filed on |
| Full Name of Payee Anthony Pearson | | | Date of Public Distribution/Dissemination |
| Mailing Address 112 apache Dr | | | 08 22 2014 Amount |
| | | | |
| City Search | State AR | Zip Code 72149 | 40.00 Transaction ID: 9623318c-0cee-4292-a |
| Purpose of Expenditure Salary | | Category/ Type 001 | Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Name of Federal Candidate | | Support | Office Sought: House District: 00 |
| Mr. Mark L Pryor | | X Oppose | President Senate State: AR |
| Calendar Year-To-Date Per Election for Office Sought | , , | 62582.15 | Disbursement For: Primary General 2014 Other (specify) ▶ |
| Full Name of Payee | | | Date of Public Distribution/Dissemination |
| Anthony Pearson | | | 08 22 2014 |
| Mailing Address 112 apache Dr | | | Amount |
| City | State | Zip Code | 18.90 |
| Search | AR | 72149 | Transaction ID: 672683b2-422e-4d67-9 Date of Disbursement or Obligation |
| Purpose of Expenditure Mileage | | Category/ Type 002 | 08 / 22 / 2014 |
| Name of Federal Candidate | | Support | Office Sought: House District: 00 |
| Mr. Mark L Pryor | | X Oppose | President Senate State: AR |
| Calendar Year-To-Date Per Election for Office Sought | 7 7 | 62582.15 | Disbursement For: Primary General 2014 General Other (specify) ▶ |
| (a) SUBTOTAL of Itemized Independent Expendit | ures | | 58.90 |
| (b) SUBTOTAL of Unitemized Independent Expen | ditures | | |
| (a) TOTAL ladener deat Fusenditures | | | |
| (c) TOTAL Independent Expenditures | | | > |
| Under penalty of perjury I certify that the indeper with, or at the request or suggestion of, any cand party committee) any political party committee or i | idate or authorize | | |
| Ms. Emily Buchanan | [Electro | nically Filed] Date | 08 |
| Signature | | | |

| Schedule E) | PAGE 34 OF 61 FOR SE OF FORM 24/48 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|
| NAME OF COMMITTEE (In Full) | FEC IDENTIFICATION NUMBER ▼ |
| Women Speak Out PAC | C C00530766 |
| Check if 24-hour report X 48-hour report New report Amends | report filed on M M / D D / Y Y Y Y Y |
| Full Name of Payee | Date of Public Distribution/Dissemination |
| James W Blevins | 08 / 22 / 2014 |
| Mailing Address 108 East Clinton St | Amount |
| PO Box 410 | |
| City State Zip Code Salemburg NC 28385 | 27.50 Transaction ID : 1514607f-9e79-4c45-8 |
| | Date of Disbursement or Obligation |
| Purpose of Expenditure Salary Category/ Type | 001 08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Name of Federal Candidate Suppo | ort Office Sought: House District: 00 |
| Ms. Kay Hagan Oppos | |
| Calendar Year-To-Date Per Election for Office Sought 254351.52 | Disbursement For: Primary |
| Full Name of Payee | Date of Public Distribution/Dissemination |
| James W Blevins | 08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Mailing Address 108 East Clinton St | Amount |
| PO Box 410 | |
| City State Zip Code Salemburg NC 28385 | 7.38 Transaction ID : 738c23d1-c60f-48a5-9 |
| Purpose of Expenditure Category/ | Date of Disbursement or Obligation |
| Mileage Category/ Type | 002 08 / D 22 / Y 2014 |
| Name of Federal Candidate Suppo | ort Office Sought: House District: 00 |
| Ms. Kay Hagan Oppos | se President X Senate State: NC |
| Calendar Year-To-Date Per Election for Office Sought 254351.52 | Disbursement For: Primary |
| | |
| (a) SUBTOTAL of Itemized Independent Expenditures | 34.88 |
| (b) SUBTOTAL of Unitemized Independent Expenditures | ······· > |
| (c) TOTAL Independent Expenditures | |
| Under penalty of perjury I certify that the independent expenditures reported herein with, or at the request or suggestion of, any candidate or authorized committee or age party committee) any political party committee or its agent. | |
| Ms. Emily Buchanan [Electronically Filed] Signature | Date 08 / 24 / 2014 |
| Orginaturo | |

| Schedule E) | | PAGE 35 OF 61 FOR SE OF FORM 24/48 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|---------------------------------------------------------------------------------|
| NAME OF COMMITTEE (In Full) | | FEC IDENTIFICATION NUMBER ▼ |
| Women Speak Out PAC | | C C00530766 |
| Check if 24-hour report X 48-hour report New report | rt Amends report file | d on M = M / D = D / Y = Y = Y |
| Full Name of Payee Bradley K Kissinger | | Date of Public Distribution/Dissemination |
| Mailing Address 3113 Imperial Valley Dr. | | 08 22 2014 Amount |
| | | |
| | Zip Code 72212 | 70.00 Transaction ID: 03fe59df-660f-489f-8 Date of Disbursement or Obligation |
| Purpose of Expenditure Salary | Category/ Type 001 | 08 / 22 / Y 2014 |
| Name of Federal Candidate | Support Office | ce Sought: House District: 00 |
| Mr. Mark L Pryor | ∑ Oppose □ | President Senate State: AR |
| Calendar Year-To-Date Per Election for Office Sought | Disk 2014 | oursement For: Primary |
| Full Name of Payee Bradley K Kissinger | | Date of Public Distribution/Dissemination |
| Mailing Address 3113 Imperial Valley Dr. | | 08 22 2014 Amount |
| City State | Zip Code | 19.50 |
| Little Rock AR | 72212 | Transaction ID : 13fb1fe2-22b9-4514-a Date of Disbursement or Obligation |
| Purpose of Expenditure Mileage | Category/ Type 002 | 08 / 22 / 2014 |
| Name of Federal Candidate | Support Office | ce Sought: House District:00 |
| Mr. Mark L Pryor | X Oppose | President Senate State: AR |
| Calendar Year-To-Date Per Election for Office Sought | 62582.15 Disl 201 | bursement For: |
| (a) SUBTOTAL of Itemized Independent Expenditures | ····· | 89.50 |
| (b) SUBTOTAL of Unitemized Independent Expenditures | ····· | |
| (c) TOTAL Independent Expenditures | ······ | |
| Under penalty of perjury I certify that the independent expenditures r with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent. | | |
| Ms. Emily Buchanan [Electronic Signature | | 08 |

| Sch | hedule E) | EXI EIIDI | 101120 | | | | PAGE 36 OF 61 FOR SE OF FORM 24/48 |
|-----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-------------------|----------|---------------------|----------------------|------------------------------------------------|
| | ME OF COMMITTEE (In Full) | | | | | FEC ID | DENTIFICATION NUMBER ▼ |
| W | omen Speak Out PAC | | | | | С | C00530766 |
| Che | eck if 24-hour report X 48-hour report | X New repo | ort Ame | nds repo | ort filed on | / / / | D = D / Y = Y = Y |
| Τ | Full Name of Payee Evelyn Lesaicherre | | | | | | c Distribution/Dissemination |
| | Mailing Address 629 Radiance Ave | | | | | 08 | 22 / 2014 |
| | | | | | Amou | ınt | |
| | City S Metairie | State LA | Zip Code 70001 | | Trans | saction I | 45.00 ID: b5620ee4-147f-4f23-9 |
| - | Purpose of Expenditure Salary | | Category/ Type | 001 | | of Disbu | ursement or Obligation |
| | Name of Federal Candidate | | | upport | Office Sough | nt; | House District: 00 |
| | Ms. Mary L Landrieu | | | ppose | Presid | _ | Senate State: LA |
| | Calendar Year-To-Date Per Election for Office Sought | | 95433.48 | | Disbursemer 2014 | nt For: Other (sp | Primary ☐ General |
| | Full Name of Payee Evelyn Lesaicherre | | | | | of Public | c Distribution/Dissemination |
| | Mailing Address 629 Radiance Ave | | | | Amou | | سنبا لتا |
| | City | State | Zip Code | | | 1 .00 | 3.60 |
| | Metairie | LA | 70001 | | Transa Date | of Disbu | D: b732495a-ebef-4f61-8 ursement or Obligation |
| | Purpose of Expenditure Mileage | | Category/ Type | 002 | | 08 | 22 7 2014 |
| - | Name of Federal Candidate | | Sı | upport | Office Sough | nt: | House District: 00 |
| | Ms. Mary L Landrieu | | X or | ppose | Presid | • | Senate State: LA |
| | Calendar Year-To-Date Per Election for Office Sought | | 95433.48 | | Disbursemer 2014 | | Primary X General |
| (8 | a) SUBTOTAL of Itemized Independent Expenditures | | | | · [| | 48.60 |
| (k | b) SUBTOTAL of Unitemized Independent Expenditure | əs | | | | | |
| (0 | c) TOTAL Independent Expenditures | | | | • | | 1 4 1 6 |
| W | Under penalty of perjury I certify that the independent vith, or at the request or suggestion of, any candidate arry committee) any political party committee or its ago | or authorized | | | | | |
| | Ms. Emily Buchanan | [Electron | ically Filed] | Date | 08 | 24 | 2014 |
| | Signature | | | | | | |

| Schedule E) | DENT EXI END | ATTOTILES | PAGE 37 OF 61 FOR SE OF FORM 24/48 |
|------------------------------------------------------|-----------------------|-----------------------|------------------------------------------------------------------------------------------------------------|
| NAME OF COMMITTEE (In Full) | | | FEC IDENTIFICATION NUMBER ▼ |
| Women Speak Out PAC | | | C C00530766 |
| Check if 24-hour report X 48-hour report | rt New re | port Amends repo | rt filed on |
| Full Name of Payee | | | Date of Public Distribution/Dissemination |
| Brenda L Dawson | | | 08 / 22 / 2014 |
| Mailing Address 6021 General Samuel Rd | | | Amount |
| City | State | Zip Code | 17.00 |
| Jacksonville | AR | 72076 | Transaction ID : 5e07260d-1f19-4c29-9 Date of Disbursement or Obligation |
| Purpose of Expenditure Salary | | Category/ Type 001 | 08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Name of Federal Candidate | | Support | Office Sought: House District:00 |
| Mr. Mark L Pryor | | X Oppose | President Senate State: AR |
| Calendar Year-To-Date Per Election for Office Sought | , , , | 62582.15 | Disbursement For: Primary General 2014 Gther (specify) ▶ |
| Full Name of Payee | | | Date of Public Distribution/Dissemination |
| Brenda L Dawson | | | 08 22 2014 |
| Mailing Address 6021 General Samuel Rd | | | Amount |
| City | State | Zip Code | 4.80 |
| Jacksonville | AR | 72076 | Transaction ID : dfad46af-98cb-423e-8 Date of Disbursement or Obligation |
| Purpose of Expenditure Mileage | | Category/ Type 002 | 08 / 22 / 2014 |
| Name of Federal Candidate | | Support | Office Sought: House District:00 |
| Mr. Mark L Pryor | | X Oppose | President Senate State: AR |
| Calendar Year-To-Date Per Election for Office Sought | | 62582.15 | Disbursement For: Primary General 2014 General Other (specify) ▶ |
| (a) SUBTOTAL of Itemized Independent Expe | nditures | | 21.80 |
| | | | 7 7 7 |
| (b) SUBTOTAL of Unitemized Independent Ex | penditures | | • |
| (c) TOTAL Independent Expenditures | | | • |
| | andidate or authorize | | not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political |
| Ms. Emily Buchanan Signature | [Electro | nically Filed] Date | 08 |
| | | | |

| Schedule E) | VI EXI EIVE | ATOTILO | PAGE 38 OF 61 FOR SE OF FORM 24/48 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|-----------------------|--------------------------------------------------------------------------|
| NAME OF COMMITTEE (In Full) | | | FEC IDENTIFICATION NUMBER ▼ |
| Women Speak Out PAC | | | C C00530766 |
| Check if 24-hour report X 48-hour report | New re | port Amends repo | ort filed on |
| Full Name of Payee | | | Date of Public Distribution/Dissemination |
| Marysol Netro | | | 08 / 22 / 2014 |
| Mailing Address 312 S Gunter St | | | Amount |
| City | State | Zip Code | 70.00 |
| Siloam Springs | AR | 72761 | Transaction ID : 34ed9c5a-6077-40cc-b Date of Disbursement or Obligation |
| Purpose of Expenditure Salary | | Category/ Type 001 | 08 / 22 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Name of Federal Candidate | | Support | Office Sought: House District:00 |
| Mr. Mark L Pryor | | X Oppose | President Senate State: AR |
| Calendar Year-To-Date Per Election for Office Sought | , , , | 62582.15 | Disbursement For: Primary General General Other (specify) ▶ |
| Full Name of Payee | | | Date of Public Distribution/Dissemination |
| Marysol Netro | | | 08 22 Y 2014 |
| Mailing Address 312 S Gunter St | | | Amount |
| City | State | Zip Code | 9.90 |
| Siloam Springs | AR | 72761 | Transaction ID : a3f1b2a3-45c7-49c5-a Date of Disbursement or Obligation |
| Purpose of Expenditure Mileage | | Category/ Type 002 | 08 / 22 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Name of Federal Candidate | | Support | Office Sought: House District: 00 |
| Mr. Mark L Pryor | | X Oppose | President Senate State: AR |
| Calendar Year-To-Date Per Election for Office Sought | 7 | 62582.15 | Disbursement For: Primary General 2014 Gther (specify) ▶ |
| (a) SUBTOTAL of Itemized Independent Expenditu | ıres | | 79.90 |
| | | | 7 7 7 |
| (b) SUBTOTAL of Unitemized Independent Expendent | ditures | | • |
| (c) TOTAL Independent Expenditures | | | • |
| Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candid party committee) any political party committee or it | date or authorize | | |
| Ms. Emily Buchanan Signature | [Electro | nically Filed] Date | 08 24 7 2014 |
| - 3 | | | |

| Sch | nedule E) | L /(L /(L) | 1101120 | | PAGE 39 OF 61 FOR SE OF FORM 24/48 |
|-----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-----------------------|---------------------|----------------------------------------------------------------------|
| | ME OF COMMITTEE (In Full) | | | | FEC IDENTIFICATION NUMBER ▼ |
| W | omen Speak Out PAC | | | | C C00530766 |
| Che | ck if 24-hour report X 48-hour report | New repo | ort Amends repo | ort filed on | M = M / D = D / Y = Y = Y |
| T | Full Name of Payee Petrina Williams | | | | of Public Distribution/Dissemination |
| - | Mailing Address 3007 Darden Rd | | | Amou | 08 22 2014 unt |
| - | City | State | Zip Code | — [| 100.00 |
| | Greensboro | NC | 27407 | | saction ID: b3151f77-5b96-469e-a of Disbursement or Obligation |
| | Purpose of Expenditure Salary | | Category/ Type 001 | | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| h | Name of Federal Candidate | | Support | Office Sough | ht: House District: 00 |
| | Ms. Kay Hagan | | Oppose | Preside | NC NC |
| | Calendar Year-To-Date Per Election for Office Sought | 2 | 254351.52 | Disbursemen 2014 | nt For: Primary |
| | Full Name of Payee Petrina Williams Mailing Address 3007 Darden Rd | | | _ | of Public Distribution/Dissemination |
| | | | | Amou | |
| | City Greensboro | State NC | Zip Code 27407 | Transa | 27.60 saction ID: 8b736862-d5a4-4110-a of Disbursement or Obligation |
| | Purpose of Expenditure Mileage | | Category/ Type 002 | | 08 / 22 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| | Name of Federal Candidate | | Support | Office Sough | ht: House District: 00 |
| | Ms. Kay Hagan | | X Oppose | Presid | dent Senate State: NC |
| | Calendar Year-To-Date Per Election for Office Sought | | 254351.52 | Disbursemer 2014 | ent For: Primary |
| (a | a) SUBTOTAL of Itemized Independent Expenditures | 3 | | | 127.60 |
| (k | b) SUBTOTAL of Unitemized Independent Expenditu | ires | | · • | |
| (0 | c) TOTAL Independent Expenditures | | | · • | 7 1 7 1 7 |
| W | Inder penalty of perjury I certify that the independentith, or at the request or suggestion of, any candidate arty committee) any political party committee or its a | e or authorized | | | |
| | Ms. Emily Buchanan | [Electron | nically Filed] Date | e 08 / | 24 2014 |
| | Signature | | | | |

| Sc | chedule E) | \ | | | | | PAGE 40 OF 61 FOR SE OF FORM 24/48 |
|-----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-------------------|-----------|--------------------|-----------------------|-------------------------------------------------------|
| | ME OF COMMITTEE (In Full) | | | | | FEC II | DENTIFICATION NUMBER ▼ |
| W | omen Speak Out PAC | | | | | С | C00530766 |
| Che | eck if 24-hour report X 48-hour report | New repo | ort Am | ends repo | ort filed on | M = M | / D = D / Y = Y = Y |
| T | Full Name of Payee Phillip Williams | | | | Date | of Publi | ic Distribution/Dissemination |
| - | Mailing Address 3007 Darden Rd | | | | Amo | 08 ount | 22 2014 |
| ŀ | City State | | Zin Codo | | | | 70.00 |
| | City State Greensboro NC | | Zip Code 27407 | | | | 70.00 ID: 78a72723-a1ea-40b5-a ursement or Obligation |
| Ī | Purpose of Expenditure Salary | | Category/ Type | 001 | | M M 08 | / 22 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| ŀ | Name of Federal Candidate | | <u> </u> | Support | Office Soug | ıht: | House District: 00 |
| | Ms. Kay Hagan | | | Oppose | Presi | · | Senate State: NC |
| | Calendar Year-To-Date Per Election for Office Sought | 2 | 254351.52 | | Disburseme 2014 | ent For: Other (sp | Primary |
| - | Full Name of Payee Phillip Williams Mailing Address 3007 Darden Rd | | | | Date | of Publi | ic Distribution/Dissemination |
| | 3007 Darden Rd | | | | Amo | ount | |
| Ī | City State | e | Zip Code | | | | 36.00 |
| | Greensboro NC Purpose of Expenditure | <u> </u> | 27407 | | Trans Date | of Disb | D: 43a51b99-1663-4d50-b ursement or Obligation |
| | Mileage | | Category/ Type | 002 | | 08 08 | 22 / 2014 |
| Ī | Name of Federal Candidate | | | Support | Office Soug | ght: | House District: 00 |
| | Ms. Kay Hagan | | X | Oppose | Presi | dent | Senate State: NC |
| | Calendar Year-To-Date Per Election for Office Sought | | 254351.52 | 2 | Disburseme 2014 | | Primary X General |
| (| (a) SUBTOTAL of Itemized Independent Expenditures | | | | • | | 106.00 |
| (| (b) SUBTOTAL of Unitemized Independent Expenditures | | | | • | | 1 1 7 1 1 7 1 |
| (| (c) TOTAL Independent Expenditures | | | | • [| | |
| ٧ | Under penalty of perjury I certify that the independent exp with, or at the request or suggestion of, any candidate or a party committee) any political party committee or its agent. | authorized | | | | | |
| | Ms. Emily Buchanan | [Electron | nically Filed] | Date | 08 | 24 | 2014 |
| | Signature | | | | | | |

| Schedule E) | I EXI END | 1101120 | | PAGE 41 OF 61 FOR SE OF FORM 24/48 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-----------------------|--------------------------|------------------------------------------------------------|
| NAME OF COMMITTEE (In Full) | | | F | EC IDENTIFICATION NUMBER ▼ |
| Women Speak Out PAC | | | | C C00530766 |
| Check if 24-hour report X 48-hour report | New rep | oort Amends repo | ort filed on | M / D = D / Y = Y = Y = Y |
| Full Name of Payee Lee R Carter | | | M | |
| Mailing Address 3110 Brentwood Rd | | | Amount | 22 2014 |
| City | State | Zip Code | | 40.00 |
| Raleigh | NC | 27604 | | ction ID : ea623e8b-4c70-487b-8 Disbursement or Obligation |
| Purpose of Expenditure Salary | | Category/ Type 001 | M | 08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Name of Federal Candidate | | Support | Office Sought: | House District: 00 |
| Ms. Kay Hagan | | Oppose | Presiden | Senate State: NC |
| Calendar Year-To-Date Per Election for Office Sought | | 254351.52 | Disbursement 2014 Oth | For: Primary |
| Full Name of Payee | | | Date of | Public Distribution/Dissemination |
| Lee R Carter | | | | 08 22 2014 |
| Mailing Address 3110 Brentwood Rd | | | Amount | لىنىا لىا ك |
| City | State | Zip Code | | 9.30 |
| Raleigh | NC | 27604 | Transac Date of | tion ID : 201b0a5f-dc54-4ebf-a Disbursement or Obligation |
| Purpose of Expenditure Mileage | | Category/ Type 002 | М | 18 / D D / Y Y Y Y Y 2014 |
| Name of Federal Candidate | | Support | Office Sought: | House District: 00 |
| Ms. Kay Hagan | | Oppose | Presider | |
| Calendar Year-To-Date Per Election for Office Sought | 7 | 254351.52 | Disbursement 2014 Oth | For: Primary X General ner (specify) ▶ |
| (a) SUBTOTAL of Itemized Independent Expenditure | s | | | 49.30 |
| (b) SUBTOTAL of Unitemized Independent Expenditu | ures | | . | |
| (c) TOTAL Independent Expenditures | | | · • | 7 |
| Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its | te or authorized | | | |
| Ms. Emily Buchanan | [Electron | nically Filed] Date | | 24 2014 |
| Signature | | | | |

| Schedule | E) | VI EXI END | | | PAGE 42 OF 61 FOR SE OF FORM 24/48 |
|-------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|--------------------|-----------------------|-----------------------------------------|------------------------------------------------------------------|
| | COMMITTEE (In Full) | | | | FEC IDENTIFICATION NUMBER ▼ |
| Women | Speak Out PAC | | | | C C00530766 |
| . | 7 V | . | | | - M / D D / Y - Y - Y |
| Check if | 24-hour report X 48-hour report | X New rep | ort Amends repo | ort filed on | |
| Full Nar Beve | me of Payee Prly Williams | | | | of Public Distribution/Dissemination |
| Mailing | Address 3007 Darden Rd | | | Amou | |
| City | | State | Zip Code | | 70.00 |
| Greens | sboro | NC | 27407 | | action ID : bda3c272-6729-49ec-a of Disbursement or Obligation |
| Purpose Salary | e of Expenditure | | Category/ Type 001 | | 08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Name o | of Federal Candidate | | Support | Office Sough | t: House District: 00 |
| Ms. Ka | y Hagan | | X Oppose | Preside | ent State: NC |
| | lendar Year-To-Date r Election for Office Sought | | 254351.52 | Disbursemen 2014 O | t For: |
| | me of Payee | | | Date | of Public Distribution/Dissemination |
| Franc | cis Richardson | | | | 08 22 2014 |
| Mailing | Address 220 Doucet Rd | | | | |
| | | | | Amou | nt |
| City | | State | Zip Code | | 25.00 |
| Lafaye | | LA | 70503 | Transa Date | oction ID: d06dd836-81df-4e68-8 of Disbursement or Obligation |
| Salary | e of Expenditure | | Category/ Type 001 | | 08 / 22 / Y Y Y Y Y Y |
| Name o | of Federal Candidate | | Support | Office Sough | nt: House District: 00 |
| Ms. Ma | ry L Landrieu | | X Oppose | Presid | |
| | alendar Year-To-Date or Election for Office Sought | 7 1 1 7 | 95433.48 | Disbursemer 2014 C | nt For: |
| | | | | | |
| (a) SUB | TOTAL of Itemized Independent Expenditu | res | | · • | 95.00 |
| (b) SUB | TOTAL of Unitemized Independent Expend | itures | | · • | |
| (c) TOTA | AL Independent Expenditures | | | • | 7 |
| with, or a | enalty of perjury I certify that the independ at the request or suggestion of, any candio nmittee) any political party committee or its | late or authorized | | | |
| | Ms. Emily Buchanan | [Electron | ically Filed] Date | M M / / / / / / / / / / / / / / / / / / | 24 2014 |
| Signa | ture | | | | |

| Schedule E) | INT EXICITE | TI OTILO | PAGE 43 OF 61 FOR SE OF FORM 24/48 |
|------------------------------------------------------|---------------------|-----------------------|------------------------------------------------------------------------------------------------------------|
| NAME OF COMMITTEE (In Full) | | | FEC IDENTIFICATION NUMBER ▼ |
| Women Speak Out PAC | | | C C00530766 |
| Check if 24-hour report X 48-hour report | New re | port Amends repo | rt filed on |
| Full Name of Payee Francis Richardson | | | Date of Public Distribution/Dissemination |
| Mailing Address 220 Doucet Rd | | | 08 / 22 / 2014 |
| 220 230001110 | | | Amount |
| City | State | Zip Code | 3.69 |
| Lafayette | LA | 70503 | Transaction ID: 10ed984f-f388-438d-b Date of Disbursement or Obligation |
| Purpose of Expenditure Mileage | | Category/ Type 002 | 08 / 08 / 22 / 2014 |
| Name of Federal Candidate | | Support | Office Sought: House District: 00 |
| Ms. Mary L Landrieu | | X Oppose | President Senate State: LA |
| Calendar Year-To-Date Per Election for Office Sought | | 95433.48 | Disbursement For: Primary General Q014 Gther (specify) ▶ |
| Full Name of Payee | | | Date of Public Distribution/Dissemination |
| Christine Stevens | | | 08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Mailing Address 100 Asbury Ct | | | Amount |
| City | State | Zip Code | 70.00 |
| Winchester | VA | 22602 | Transaction ID : 418fbb1b-7e0b-4144-9 Date of Disbursement or Obligation |
| Purpose of Expenditure Salary | | Category/ Type 001 | 08 / 22 / 2014 |
| Name of Federal Candidate | | Support | Office Sought: House District: 00 |
| Ms. Kay Hagan | | Oppose | President Senate State: NC |
| Calendar Year-To-Date Per Election for Office Sought | | 254351.52 | Disbursement For: Primary General 2014 General Other (specify) ▶ |
| (a) SUBTOTAL of Itemized Independent Expendi | tures | | 73.69 |
| | | | |
| (b) SUBTOTAL of Unitemized Independent Expe | nditures | | • |
| (c) TOTAL Independent Expenditures | | | • |
| | didate or authorize | | not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political |
| Ms. Emily Buchanan Signature | [Electro | nically Filed] Date | 08 |
| - 3 | | | |

| Schedule E) | JENT EXILINE | TIONES | PAGE 44 OF 61 FOR SE OF FORM 24/48 |
|------------------------------------------------------|-----------------------|-----------------------|------------------------------------------------------------------------------------------------------------|
| NAME OF COMMITTEE (In Full) | | | FEC IDENTIFICATION NUMBER ▼ |
| Women Speak Out PAC | | | C C00530766 |
| Check if 24-hour report X 48-hour report | New rep | port Amends repo | rt filed on |
| Full Name of Payee | | | Date of Public Distribution/Dissemination |
| Jazmine d Conner | | | 08 / 22 / 2014 |
| Mailing Address 100 ASBURY CT | | | Amount |
| City | State | Zip Code | 70.00 |
| WINCHESTER | VA | 22602 | Transaction ID: 91a42385-3d26-4961-b Date of Disbursement or Obligation |
| Purpose of Expenditure Salary | | Category/ Type 001 | 08 / 22 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Name of Federal Candidate | | Support | Office Sought: House District: 00 |
| Ms. Kay Hagan | | X Oppose | President Senate State: NC |
| Calendar Year-To-Date Per Election for Office Sought | 7 7 | 254351.52 | Disbursement For: Primary General 2014 Other (specify) ▶ |
| Full Name of Payee | | | Date of Public Distribution/Dissemination |
| Jon E Conner | | | 08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Mailing Address 100 Asbury Ct | | | Amount |
| City | State | Zip Code | 70.00 |
| Winchester | VA | 22602 | Transaction ID: 4431e8c0-a698-4f1f-a Date of Disbursement or Obligation |
| Purpose of Expenditure Salary | | Category/ Type 001 | 08 / 22 / 2014 |
| Name of Federal Candidate | | Support | Office Sought: House District: 00 |
| Ms. Kay Hagan | | X Oppose | President Senate State: NC |
| Calendar Year-To-Date Per Election for Office Sought | | 254351.52 | Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶ |
| (a) SUBTOTAL of Itemized Independent Exper | nditures | | 140.00 |
| (b) SUBTOTAL of Unitemized Independent Exp | penditures | | |
| | | | 4 4 |
| (c) TOTAL Independent Expenditures | | | > |
| | indidate or authorize | | not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political |
| Ms. Emily Buchanan Signature | [Electron | nically Filed] Date | 08 |
| 5.g.ia.a.o | | | |

| Scl | nedule E) | EXI ENDI | TOTILO | | | | PAGE 45 OF 61 FOR SE OF FORM 24/48 |
|-----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-------------------|------------|--------------------|----------------------------|----------------------------------------------------|
| | ME OF COMMITTEE (In Full) | | | | | FEC II | DENTIFICATION NUMBER ▼ |
| W | omen Speak Out PAC | | | | | | C00530766 |
| Che | ck if 24-hour report X 48-hour report | New repo | ort Am | nends rend | ort filed on | M = M / | / D = D / Y = Y = Y |
| _ | | New Tepo | ZIT AII | епаз терс | or med on | | |
| | Full Name of Payee Patrice Wolfe | | | | Da | te of Public | c Distribution/Dissemination |
| | Mailing Address 9909 Treasure Hill Rd | | | | Am | nount | |
| ŀ | City S | State | Zip Code | | — I | | 20.00 |
| | Little Rock | AR | 72205 | | | | ID: ddba2745-799b-41f8-b ursement or Obligation |
| | Purpose of Expenditure Salary | | Category/ Type | 001 | | 08 | 22 / 2014 |
| ı | Name of Federal Candidate | | | Support | Office Sou | ught: | House District: 00 |
| | Mr. Mark L Pryor | | X | Oppose | Pres | sident | Senate State: AR |
| | Calendar Year-To-Date Per Election for Office Sought | | 62582.15 | | Disbursem 2014 | nent For: Other (sp | Primary X General Decify) ▶ |
| Γ | Full Name of Payee | | | | Da | te of Publi | c Distribution/Dissemination |
| 1 | Patrice Wolfe | | | | | M M M | 22 2014 |
| ľ | Mailing Address 9909 Treasure Hill Rd | | | | | 00 | 22 2011 |
| 1 | | | | | An | nount | |
| ŀ | City | State | Zip Code | | | | 13.50 |
| | Little Rock | AR | 72205 | | Tra i Da | nsaction II te of Disbu | D: adafd97d-ed4f-4cb0-a ursement or Obligation |
| | Purpose of Expenditure Mileage | | Category/ Type | 002 | | 08 | 22 / 2014 |
| ľ | Name of Federal Candidate | | | Support | Office Sor | ught: | House District: 00 |
| | Mr. Mark L Pryor | | \times | Oppose | Pre | sident | Senate State: AR |
| | Calendar Year-To-Date Per Election for Office Sought | | 62582.1 | 5 | Disbursen 2014 | nent For: | Primary |
| | | | | | | | |
| (a | a) SUBTOTAL of Itemized Independent Expenditures. | | | | • • | | 33.50 |
| (1 | b) SUBTOTAL of Unitemized Independent Expenditure | es | | | . • | | 7 1 4 |
| (0 | C) TOTAL Independent Expenditures | | | | • | | |
| W | Inder penalty of perjury I certify that the independent rith, or at the request or suggestion of, any candidate arty committee) any political party committee or its ag | or authorized | | | | | |
| | Ms. Emily Buchanan | [Electroni | ically Filed] | Date | M = M 08 | / 24 | / Y Y Y Y Y Y 2014 |
| | Signature | | _ | | | | |

| | meduic Ly | FOR SE OF FORM 24/48 |
|----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|
| | ME OF COMMITTEE (In Full) | FEC IDENTIFICATION NUMBER ▼ |
| ۷۱ | Vomen Speak Out PAC | C C00530766 |
| Ch | eck if 24-hour report X 48-hour report New report Amends report filed | i on Mam / Dab / Yayayay |
| | Full Name of Payee | Date of Public Distribution/Dissemination |
| | Rodney O Culbreath | 08 22 2014 |
| | Mailing Address 100 Asbury Ct | Amount |
| | City State Zip Code | 80.00 |
| | Winchester VA 22602 | Transaction ID : 828becaf-a86e-4a70-9 Date of Disbursement or Obligation |
| | Purpose of Expenditure Salary Category/ Type 001 | 08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| | Name of Federal Candidate Support Office | e Sought: House District: 00 |
| | Ms. Kay Hagan Oppose | President State: NC |
| | Calendar Year-To-Date Per Election for Office Sought Disbrace 254351.52 Disbrace 2014 | ursement For: Primary X General |
| | Per Liection for Office Sought | Other (specify) ▶ |
| | Full Name of Payee Rodney D Culbreth | Date of Public Distribution/Dissemination |
| | Mailing Address 100 Asbury CT | 08 22 2014 |
| | 3200 Dam Neck Rd | Amount |
| | City State Zip Code | 80.00 |
| | Winchester VA 22602 | Transaction ID: 8c8d108c-d379-46ab-9 Date of Disbursement or Obligation |
| | Purpose of Expenditure Salary Category/ Type 001 | 08 22 / 2014 |
| | Name of Federal Candidate Support Offic | e Sought: House District: 00 |
| | Ms. Kay Hagan Oppose | President State: NC State: |
| | Calendar Year-To-Date Per Election for Office Sought Disb 2014 | ursement For: Primary |
| | (a) SUBTOTAL of Itemized Independent Expenditures | 160.00 |
| | (b) SUBTOTAL of Unitemized Independent Expenditures | |
| | (c) TOTAL Independent Expenditures | |
| , | Under penalty of perjury I certify that the independent expenditures reported herein were not m with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent. | |
| | (77) | 08 24 2014 |
| | Signature | 2017 |
| | | |

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OF

| Schedule E) | FOR SE OF FORM 24/48 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|
| NAME OF COMMITTEE (In Full) | FEC IDENTIFICATION NUMBER ▼ |
| Women Speak Out PAC | |
| | C C00530766 |
| Check if 24-hour report X 48-hour report New report Amends rep | ort filed on Man / Dad / Yayayay |
| Full Name of Payee | Date of Public Distribution/Dissemination |
| Rze Culbreath | 08 22 2014 |
| Mailing Address 100 Asbury Ct | Amount |
| City State Zip Code | 80.00 |
| Winchester VA 22602 | Transaction ID : b695e0ae-a73f-4f71-b |
| Purpose of Expenditure | Date of Disbursement or Obligation |
| Salary Category/ Type 001 | 08 / 22 / 2014 |
| Name of Federal Candidate Support | Office Sought: House District: 00 |
| Ms. Kay Hagan Oppose | President Senate State: NC |
| Calendar Year-To-Date Per Election for Office Sought | Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶ |
| Full Name of Payee | Date of Public Distribution/Dissemination |
| Theresa a Youngblood | 08 22 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Mailing Address 102 S Main Street Apt A2 | 00 22 2014 |
| | Amount |
| City State Zip Code | 95.00 |
| Berryville VA 22611 | Transaction ID: 482e3226-e367-45da-a Date of Disbursement or Obligation |
| Purpose of Expenditure Category/ Category/ | M M / D D / Y Y Y Y |
| Salary Odlogory O01 | 08 22 2014 |
| Name of Federal Candidate Support | Office Sought: House District: 00 |
| Ms. Kay Hagan | President Senate State: NC |
| Calendar Year-To-Date | Disbursement For: Primary X General |
| Per Election for Office Sought 254351.52 | 2014 Other (specify) ▶ |
| (a) SUBTOTAL of Itemized Independent Expenditures | ▶ 175.00 |
| | 7 7 7 |
| (b) SUBTOTAL of Unitemized Independent Expenditures | ··· • |
| (c) TOTAL Independent Expenditures | |
| Under penalty of perjury I certify that the independent expenditures reported herein were with, or at the request or suggestion of, any candidate or authorized committee or agent party committee) any political party committee or its agent. | |
| Ms. Emily Buchanan [Electronically Filed] Dat | te 08 / 24 / 2014 |
| Signature | |

| Schedule E) | | TIONES | PAGE 48 OF 61 FOR SE OF FORM 24/48 | |
|------------------------------------------------------|---------------------|-----------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|
| NAME OF COMMITTEE (In Full) | | | FEC IDENTIFICATION NUMBER | , |
| Women Speak Out PAC | | | C C00530766 | |
| Check if 24-hour report X 48-hour report | New rep | port Amends repo | rt filed on |] |
| Full Name of Payee | | | Date of Public Distribution/Dissemination | |
| Eleanor McCoy | | | 08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y | |
| Mailing Address 4902 Catawba Dr | | | Amount | |
| City | State | Zip Code | 67.50 | ٦ |
| Greensboro | NC | 27407 | Transaction ID : d8ff75ac-74da-46a3-9 Date of Disbursement or Obligation | _ |
| Purpose of Expenditure Salary | | Category/ Type 001 | 08 / DDD / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y | |
| Name of Federal Candidate | | Support | Office Sought: House District: 00 | |
| Ms. Kay Hagan | | X Oppose | President Senate State: NC | |
| Calendar Year-To-Date Per Election for Office Sought | | 254351.52 | Disbursement For: Primary General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General Genera | <u>al</u> |
| Full Name of Payee | | | Date of Public Distribution/Dissemination | |
| Eleanor McCoy | | | 08 / 22 / 2014 | |
| Mailing Address 4902 Catawba Dr | | | Amount | |
| City | State | Zip Code | 23.40 | П |
| Greensboro | NC | 27407 | Transaction ID : 6ff5b2e1-f685-4249-a Date of Disbursement or Obligation | _ |
| Purpose of Expenditure Mileage | | Category/ Type 002 | 08 / 22 / 2014 | |
| Name of Federal Candidate | | Support | Office Sought: House District: 00 | _ |
| Ms. Kay Hagan | | X Oppose | President Senate State: NC | _ |
| Calendar Year-To-Date Per Election for Office Sought | | 254351.52 | Disbursement For: Primary X General 2014 Other (specify) ▶ | al |
| (a) SUBTOTAL of Itemized Independent Expend | itures | | 90.90 | 7 |
| (, | | | 7 7 | - |
| (b) SUBTOTAL of Unitemized Independent Expe | nditures | | · • |] |
| (c) TOTAL Independent Expenditures | | | · | |
| | didate or authorize | | not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political | |
| Ms. Emily Buchanan Signature | [Electron | nically Filed] Date | 08 | |
| - | | | | |

| Schedule E) | | | | PAGE 49 OF 61 FOR SE OF FORM 24/48 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|------------------------|-----------------------------|---------------------------------------------------------|
| NAME OF COMMITTEE (In Full) | | | FEC | DENTIFICATION NUMBER ▼ |
| Women Speak Out PAC | | | C | C00530766 |
| Ohaali # 04 hawa waxan 🗸 40 hawa waxan | Nam ra | an aut. A manage years | M M | / D D / Y Y Y Y Y |
| Check if 24-hour report X 48-hour report | New rep | port Amends repo | ort filed on | |
| Full Name of Payee Kelly Dolan | | | Date of Pu | blic Distribution/Dissemination |
| Mailing Address 543 S 2nd St | | | Amount | النتا لجا ا |
| City | State | Zip Code | | 70.00 |
| Bellaire | NC | 77401 | | on ID: b1ee66e5-889d-48ca-9 sbursement or Obligation |
| Purpose of Expenditure Salary | | Category/ Type 001 | 08 | |
| Name of Federal Candidate | | Support | Office Sought: | House District: 00 |
| Ms. Mary L Landrieu | | X Oppose | President | Senate State: LA |
| Calendar Year-To-Date Per Election for Office Sought | | 95433.48 | Disbursement For 2014 Other | : Primary |
| Full Name of Payee | | | Date of Pu | ublic Distribution/Dissemination |
| Kelly Dolan | | | 08 | 22 2014 |
| Mailing Address 543 S 2nd St | | | | 22 2014 |
| | | | Amount | |
| City | State | Zip Code | | 10.50 |
| Bellaire | NC | 77401 | | n ID : f2ff0ab6-aa66-469d-8 sbursement or Obligation |
| Purpose of Expenditure Mileage | | Category/ Type 002 | 08 08 | 22 / 2014 |
| Name of Federal Candidate | | Support | Office Sought: | House District:00 |
| Ms. Mary L Landrieu | | X Oppose | President | Senate State: LA |
| Calendar Year-To-Date Per Election for Office Sought | | 95433.48 | Disbursement For 2014 Other | r: Primary X General (specify) ▶ |
| (-) OUDTOTAL () | | | | |
| (a) SUBTOTAL of Itemized Independent Expendi | iures | | • • | 80.50 |
| (b) SUBTOTAL of Unitemized Independent Exper | nditures | | • | 7 1 1 7 1 1 7 |
| (c) TOTAL Independent Expenditures | | | • | 7 |
| Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any canon party committee) any political party committee or | lidate or authorize | | | |
| Ms. Emily Buchanan | [Electro | nically Filed] Date | 08 2 | |
| Signature | | | | |

| Schedule E) | I LAFLIND | ITONES | | PAGE 50 OF 61 FOR SE OF FORM 24/48 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-----------------------|----------------------------------|---------------------------------------------------|
| NAME OF COMMITTEE (In Full) | | | FEC ID | DENTIFICATION NUMBER ▼ |
| Women Speak Out PAC | | | С | C00530766 |
| Check if 24-hour report X 48-hour report | New rep | ort Amends repo | rt filed on | D = D / Y = Y = Y |
| Full Name of Payee Michael Vidrine | | | M M | Distribution/Dissemination |
| Mailing Address 1103 West Wilson Street | | | 08 Amount | 22 2014 |
| C:h. | Ctata | Zin Codo | | 50.00 |
| City Ville Platte | State LA | Zip Code 70586 | | |
| Purpose of Expenditure Salary | | Category/ Type 001 | 08 08 | 22 / 2014 |
| Name of Federal Candidate | | Support | Office Sought: | House District: 00 |
| Ms. Mary L Landrieu | | X Oppose | | Senate State: LA |
| Calendar Year-To-Date Per Election for Office Sought | , , | 95433.48 | Disbursement For: 2014 Other (sp | Primary X General Decify) ▶ |
| Full Name of Payee | | | Date of Publi | c Distribution/Dissemination |
| Michael Vidrine | | | 08 | 22 / 2014 |
| Mailing Address 1103 West Wilson Street | | | Amount | |
| City | State | Zip Code | | 32.40 |
| Ville Platte | LA | 70586 | | D: 70753c5d-c2b3-4948-8 ursement or Obligation |
| Purpose of Expenditure Mileage | | Category/ Type 002 | 08 08 | 22 / 2014 |
| Name of Federal Candidate | | Support | Office Sought: | House District: 00 |
| Ms. Mary L Landrieu | | X Oppose | President | Senate State: LA |
| Calendar Year-To-Date Per Election for Office Sought | 7 | 95433.48 | Disbursement For: 2014 Other (sp | Primary X General Decify) ▶ |
| (a) SUBTOTAL of Itemized Independent Expenditure | ·s | | | 82.40 |
| (b) SUPTOTAL of Uniterprized Independent Expandit | uroo | | | |
| (b) SUBTOTAL of Unitermized Independent Expendit | ures | | • | 49-1-20-1 |
| (c) TOTAL Independent Expenditures | | | • | 7 |
| Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its | te or authorized | | | |
| Ms. Emily Buchanan | [Electron | nically Filed] Date | M M / D D D 24 | 2014 |
| Signature | | | | |

| Schedule E) | | | 1101120 | | PAGE 51 OF 61 FOR SE OF FORM 24/48 |
|------------------------------------------------|--------------------------|-------------------|-----------------------|------------------|----------------------------------------------------------------------------------|
| NAME OF COMMITTEE (In F | | | | | FEC IDENTIFICATION NUMBER ▼ |
| Women Speak Out | PAC | | | | C C00530766 |
| Check if 24-hour report | X 48-hour report | New rep | ort Amends repo | ort filed on | / M = M / D = D / Y = Y = Y = Y |
| Full Name of Payee Ms. Tonya Boyd | | | | | of Public Distribution/Dissemination |
| Mailing Address 2357 Fal | ncv Cap Rd | | | | 08 22 2014 |
| | , . | | | Amou | ınt |
| City | | State | Zip Code | | 70.00 |
| Mt. Airy | | NC | 27030 | | saction ID: f0b9e407-6f2a-43fb-b of Disbursement or Obligation |
| Purpose of Expenditure Salary | | | Category/ Type 001 | | 08 / 22 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Name of Federal Candida | te | | Support | Office Sough | nt: House District: 00 |
| Ms. Kay Hagan | | | X Oppose | Presid | NO. |
| Calendar Year-To-Dat Per Election for Offic | | | 254351.52 | Disbursemer 2014 | nt For: |
| Full Name of Payee | | | | | of Public Distribution/Dissemination |
| Ms. Tonya Boyd | | | | | 08 22 2014 |
| Mailing Address 2357 F | Fancy Cap Rd | | | L | |
| | | | | Amou | unt |
| City | | State | Zip Code | | 24.69 |
| Mt. Airy | | NC | 27030 | Transa Date | action ID: 07694232-4ca0-4556-8 of Disbursement or Obligation |
| Purpose of Expenditure Mileage | | | Category/ Type 002 | | 08 / 22 / 2014 |
| Name of Federal Candida | ite | | Support | Office Sough | ht: House District: 00 |
| Ms. Kay Hagan | | | X Oppose | Presid | dent Senate State: NC |
| Calendar Year-To-Da Per Election for Offic | | 7-1-7 | 254351.52 | Disbursemer 2014 | nt For: Primary |
| | | | | | |
| (a) SUBTOTAL of Itemized | d Independent Expenditur | es | | • • | 94.69 |
| (b) SUBTOTAL of Unitemize | zed Independent Expend | itures | | ·· • | |
| (c) TOTAL Independent Ex | xpenditures | | | | 141141141 |
| | uggestion of, any candid | ate or authorized | | | cooperation, consultation, or concert the reporting entity is not a political |
| Ms. Emily Buch | aanan | [Electron | ically Filed] Date | e 08 / | 24 2014 |
| Signature | | | | | |

| Sche | edule E) | EXI ENDI | 101120 | | PAGE 52 OF FOR SE OF FORM | |
|-------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-----------------------|------------------|--------------------------------------------------------------------|-------------|
| | OF COMMITTEE (In Full) | | | | FEC IDENTIFICATION NU | |
| Woı | men Speak Out PAC | | | | C C00530766 | |
| Check | if 24-hour report X 48-hour report | X New repo | ort Amends rep | port filed on | M = M / D = D / Y = Y | YYY |
| | ıll Name of Payee | | | D | ate of Public Distribution/Dissem | nination |
| | ERIC TABARY | | | | | 014 |
| Mi | ailing Address 6101 NORA ST | | | A | nount | |
| Ci | ty | State | Zip Code | | | 70.00 |
| M | METAIRIE | LA | 70003 | | ansaction ID : e7ac2331-9ed2- tte of Disbursement or Obligation | |
| | urpose of Expenditure calary | | Category/ Type 00 | 1 | | 2014 |
| Na | ame of Federal Candidate | | Support | Office So | ught: House District | :00 |
| M | ls. Mary L Landrieu | | X Oppose | Pr | sident X Senate State | : <u>LA</u> |
| | Calendar Year-To-Date Per Election for Office Sought | | 95433.48 | Disburse 2014 | nent For: Primary X Other (specify) ▶ | General |
| | ull Name of Payee ERIC TABARY | | | С | ate of Public Distribution/Dissen | nination |
| ' | ERIC TABART | | | | | 2014 |
| М | ailing Address 6101 NORA ST | | | A | mount | |
| | ity | State | Zip Code | — г | | 2.10 |
| | METAIRIE | LA | 70003 | | nsaction ID : fdc4e29d-348d-4 ate of Disbursement or Obligati | e6e-8 |
| | urpose of Expenditure Mileage | | Category/ Type 002 | | M = M / D = D / Y = Y | 014 |
| N | ame of Federal Candidate | | Support | Office S | ught: House District | :00 |
| M | 1s. Mary L Landrieu | | X Oppose | Pr | esident State State | :LA |
| | Calendar Year-To-Date Per Election for Office Sought | | 95433.48 | Disburse 2014 | ment For: Primary X Other (specify) ▶ | General |
| (a) | SUBTOTAL of Itemized Independent Expenditures. | | | , Γ | 7 | 2.10 |
| (ω) | CODIO NE OF ROMEOU MAGEORIA EXPONERACIO | | | | 7 7 | 2.10 |
| (b) | SUBTOTAL of Unitemized Independent Expenditure | es | | ··· • | 7 7 | - |
| (c) | TOTAL Independent Expenditures | | | ···· • | | - |
| with | der penalty of perjury I certify that the independent n, or at the request or suggestion of, any candidate ty committee) any political party committee or its ag | or authorized | | | | |
| | Ms. Emily Buchanan | [Electroni | ically Filed] Da | te 08 | 24 2014 | 1 |
| | Signature | | _ | | | |

| Schedule E) | IN EXILIN | JII OII ES | PAGE 53 OF 61 FOR SE OF FORM 24/48 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|-----------------------|--------------------------------------------------------------------------|
| NAME OF COMMITTEE (In Full) | | | FEC IDENTIFICATION NUMBER ▼ |
| Women Speak Out PAC | | | C C00530766 |
| Check if 24-hour report X 48-hour report | X New re | port Amends repo | rt filed on |
| Full Name of Payee | | | Date of Public Distribution/Dissemination |
| Adam Rock | | | 08 / 22 / 2014 |
| Mailing Address 307 Farris Rd Apt 1 | | | Amount |
| City | State | Zip Code | 40.00 |
| Conway | AR | 72034 | Transaction ID : cab1ca18-e530-4021-8 Date of Disbursement or Obligation |
| Purpose of Expenditure Salary | | Category/ Type 001 | 08 / 22 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Name of Federal Candidate | | Support | Office Sought: House District: 00 |
| Mr. Mark L Pryor | | X Oppose | President Senate State: AR |
| Calendar Year-To-Date Per Election for Office Sought | | 62582.15 | Disbursement For: Primary General 2014 Other (specify) ▶ |
| Full Name of Payee | | | Date of Public Distribution/Dissemination |
| Adam Rock | | | 08 / 22 / 2014 |
| Mailing Address 307 Farris Rd Apt 1 | | | Amount |
| City | State | Zip Code | 3.60 |
| Conway | AR | 72034 | Transaction ID : 33bdd5e9-2f78-4fcb-b Date of Disbursement or Obligation |
| Purpose of Expenditure Mileage | | Category/ Type 002 | 08 / 22 / 2014 |
| Name of Federal Candidate | | Support | Office Sought: House District: 00 |
| Mr. Mark L Pryor | | X Oppose | President Senate State: AR |
| Calendar Year-To-Date Per Election for Office Sought | -,, | 62582.15 | Disbursement For: Primary General General Other (specify) ▶ |
| (a) SUBTOTAL of Itemized Independent Expendit | ures | | 43.60 |
| (b) SUPTOTAL of Unitomized Independent Experi | odituro o | | |
| (b) SUBTOTAL of Unitemized Independent Exper | iuituies | | |
| (c) TOTAL Independent Expenditures | | | • |
| Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candragery committee) any political party committee or | idate or authorize | | |
| Ms. Emily Buchanan Signature | [Electro | onically Filed] Date | 08 |
| - | | | |

| Schedule E) | JENT EXICITE | TI OTILO | PAGE 54 OF 61 FOR SE OF FORM 24/48 |
|------------------------------------------------------|-----------------------|-----------------------|----------------------------------------------------------------------------------------------------------|
| NAME OF COMMITTEE (In Full) | | | FEC IDENTIFICATION NUMBER ▼ |
| Women Speak Out PAC | | | C C00530766 |
| Check if 24-hour report X 48-hour repor | t New rep | port Amends repo | t filed on |
| Full Name of Payee | | | Date of Public Distribution/Dissemination |
| Ralph Smith | | | 08 / 22 / 2014 |
| Mailing Address 2090 Fancy Gap Rd | | | Amount |
| City | State | Zip Code | 70.00 |
| Mt. Airy | NC | 27030 | Transaction ID: 5c5abb9e-60df-467d-8 Date of Disbursement or Obligation |
| Purpose of Expenditure Salary | | Category/ Type 001 | 08 / 22 / Y 2014 |
| Name of Federal Candidate | | Support | Office Sought: House District:00 |
| Ms. Kay Hagan | | X Oppose | President Senate State: NC |
| Calendar Year-To-Date Per Election for Office Sought | | 254351.52 | Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶ |
| Full Name of Payee | | | Date of Public Distribution/Dissemination |
| Ralph Smith | | | 08 22 / 2014 |
| Mailing Address 2090 Fancy Gap Rd | | | Amount |
| City | State | Zip Code | 24.84 |
| Mt. Airy | NC | 27030 | Transaction ID: a01593bf-0385-4833-b Date of Disbursement or Obligation |
| Purpose of Expenditure Mileage | | Category/ Type 002 | 08 / 22 / 2014 |
| Name of Federal Candidate | | Support | Office Sought: House District: 00 |
| Ms. Kay Hagan | | Oppose | President Senate State: NC |
| Calendar Year-To-Date Per Election for Office Sought | | 254351.52 | Disbursement For: Primary General 2014 General Other (specify) ▶ |
| (a) SUBTOTAL of Itemized Independent Exper | nditures | | 94.84 |
| | | | 7 7 7 |
| (b) SUBTOTAL of Unitemized Independent Ex | penditures | | > |
| (c) TOTAL Independent Expenditures | | | - |
| | andidate or authorize | | not made in cooperation, consultation, or concert either, or (if the reporting entity is not a political |
| Ms. Emily Buchanan Signature | [Electron | nically Filed] Date | 08 / 24 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| = | | | |

| , | | | | FOR SE OF FORM 24/48 |
|---------------------------------------------------------------------------------------------------------------------------------|-----------------------------|-----------------------|---------------------|------------------------------------------------------------------|
| NAME OF COMMITTEE (In Full) | | | | FEC IDENTIFICATION NUMBER ▼ |
| Women Speak Out PAC | | | | C C00530766 |
| Check if 24-hour report X 48-hour | report New repo | ort Amends repo | | M / D D / Y D Y D Y |
| Full Name of Payee | | | Date | of Public Distribution/Dissemination |
| Randy M Gold | | | | 08 22 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Mailing Address 1436 Haigs Creek Dr | | | Amou | nt |
| City | State | Zip Code | | 60.00 |
| Elgin | SC | 29045 | | action ID : 1e4ed261-897a-4c3d-b of Disbursement or Obligation |
| Purpose of Expenditure Salary | | Category/ Type 001 | | 08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Name of Federal Candidate | | Support | Office Sough | t: House District:00 |
| Mr. Mark L Pryor | | Oppose | Preside | ent Senate State: AR |
| Calendar Year-To-Date Per Election for Office Sought | | 62582.15 | Disbursemen 2014 | t For: Primary X General |
| Full Name of Payee Randy M Gold Mailing Address 1436 Hains Creek Dr | - | | Date | of Public Distribution/Dissemination |
| Mailing Address 1436 Haigs Creek Dr | • | | Amou | int |
| City | State | Zip Code | | 34.62 |
| Elgin | SC | 29045 | | action ID: f644c784-f18d-4991-b of Disbursement or Obligation |
| Purpose of Expenditure Mileage | | Category/ Type 002 | | 08 / 22 / 2014 |
| Name of Federal Candidate | | Support | Office Sough | nt: House District: 00 |
| Mr. Mark L Pryor | | X Oppose | Presid | ent X Senate State: AR |
| Calendar Year-To-Date Per Election for Office Sought | | 62582.15 | Disbursemer 2014 | nt For: Primary X General |
| (a) SUBTOTAL of Itemized Independent | Expenditures | | • | 94.62 |
| (b) SUBTOTAL of Unitemized Independent | ent Expenditures | | • | 7 7 7 |
| (c) TOTAL Independent Expenditures | | | • | 7 7 7 |
| Under penalty of perjury I certify that the with, or at the request or suggestion of, party committee) any political party comm | any candidate or authorized | | | |
| Ms. Emily Buchanan | [Electron | ically Filed] Date | 9 08 | 24 2014 |
| Signature | | | | |

PAGE

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OF

| Schedule E) | . EXI EIVE | 1101120 | | PAGE 56 OF FOR SE OF FORM 24/ | 61 /48 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-----------------------------------|-------------------|-------------------------------------------------------------------|-----------|
| NAME OF COMMITTEE (In Full) | | | | FEC IDENTIFICATION NUMBER | |
| Women Speak Out PAC | | | | C C00530766 | |
| Check if 24-hour report X 48-hour report | New rep | port Amends rep | port filed on | M = M / D = D / Y = Y = Y | Y |
| Full Name of Payee Nathan D Wirebaugh | | | Dat | e of Public Distribution/Disseminat | |
| Mailing Address 7320 Red Maple Dr | | | Am | 08 22 2014 ount | |
| City | State | Zip Code | | 10 | 0.00 |
| Holland | OH | 43528 | | nsaction ID: 53e6bd95-7b4b-406 e of Disbursement or Obligation | |
| Purpose of Expenditure Salary | | Category/ Type 00 | 1 | 08 / DDD / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y | Y |
| Name of Federal Candidate | | Support | Office Sou | ght: House District: | 00 |
| Ms. Kay Hagan | | X Oppose | | ident Senate State: | NC |
| Calendar Year-To-Date Per Election for Office Sought | : | 254351.52 | Disbursem 2014 | ent For: Primary X Ge Other (specify) ▶ | neral |
| Full Name of Payee | | | Dat | e of Public Distribution/Dissemina | tion |
| Kaleigh J Wagner | | | | 08 22 2014 | |
| Mailing Address 18065 Wayne Rd | | | Am | ount | |
| | | | | | |
| City Odessa | State FL | Zip Code 33556 | Tran | 60.0 saction ID : 70abb17f-9eb1-4059 | |
| | | 33330 | Dat | e of Disbursement or Obligation | - |
| Purpose of Expenditure Salary | | Category/ Type 00 ² | | M 08 / D 22 / Y 2014 | |
| Name of Federal Candidate | | Support | Office Sou | ght: House District: | 00 |
| Mr. Mark L Pryor | | Oppose | Pres | sident X Senate State: | AR |
| Calendar Year-To-Date Per Election for Office Sought | 7 | 62582.15 | Disbursem 2014 | ent For: Primary X Ge Other (specify) ▶ | neral |
| • | | | | | |
| (a) SUBTOTAL of Itemized Independent Expenditure | es | | ▶ | 70.00 | |
| (b) SUBTOTAL of Unitemized Independent Expendit | ures | | ··· • | | |
| (c) TOTAL Independent Expenditures | | | ···· • | | |
| Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its | te or authorized | | | | |
| Ms. Emily Buchanan | [Electron | nically Filed] Da | ite 08 | / 24 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y | |
| Signature | | | | | |

| Schedule E) | INT EXI EN | ON ONES | PAGE 57 OF 61 FOR SE OF FORM 24/48 |
|------------------------------------------------------|---------------------|-----------------------|-------------------------------------------------------------------------------------------------------------|
| NAME OF COMMITTEE (In Full) | | | FEC IDENTIFICATION NUMBER ▼ |
| Women Speak Out PAC | | | C C00530766 |
| Check if 24-hour report X 48-hour report | New re | port Amends repo | ort filed on |
| Full Name of Payee | | | Date of Public Distribution/Dissemination |
| Jeanne Tribou | | | 08 / 22 / 2014 |
| Mailing Address 22369 Ponderosa Dr. | | | Amount |
| City | State | Zip Code | 50.00 |
| Mandeville | LA | 70471 | Transaction ID : bae833d4-69e9-49c4-8 Date of Disbursement or Obligation |
| Purpose of Expenditure Salary | | Category/ Type 001 | 08 / 22 / 2014 |
| Name of Federal Candidate | | Support | Office Sought: House District:00 |
| Ms. Mary L Landrieu | | X Oppose | President Senate State: LA |
| Calendar Year-To-Date Per Election for Office Sought | | 95433.48 | Disbursement For: Primary General 2014 Other (specify) ▶ |
| Full Name of Payee | | | Date of Public Distribution/Dissemination |
| Jeanne Tribou | | | 08 / 22 / 2014 |
| Mailing Address 22369 Ponderosa Dr. | | | Amount |
| City | State | Zip Code | 6.90 |
| Mandeville | LA | 70471 | Transaction ID : 0d3268fb-077d-4d40-b Date of Disbursement or Obligation |
| Purpose of Expenditure Mileage | | Category/ Type 002 | 08 / 22 / 2014 |
| Name of Federal Candidate | | Support | Office Sought: House District: 00 |
| Ms. Mary L Landrieu | | X Oppose | President Senate State: LA |
| Calendar Year-To-Date Per Election for Office Sought | -,, | 95433.48 | Disbursement For: Primary General 2014 Gther (specify) ▶ |
| (a) SUBTOTAL of Itemized Independent Expendi | tures | | ▶ 56.90 |
| | | | 7 7 |
| (b) SUBTOTAL of Unitemized Independent Expe | nditures | | · • |
| (c) TOTAL Independent Expenditures | | | · |
| | didate or authorize | | not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political |
| Ms. Emily Buchanan Signature | [Electro | onically Filed] Date | 9 08 / DDD / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| | | | |

| Sch | edule E) | EXI EIID | II OIILO | | | | PAGE 58 OF 61 FOR SE OF FORM 24/48 |
|------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-------------------|-------------|-------------------|------------------------|---------------------------------------------------|
| | E OF COMMITTEE (In Full) | | | | | FEC II | DENTIFICATION NUMBER ▼ |
| Wc | omen Speak Out PAC | | | | | С | C00530766 |
| Chec | sk if 24-hour report X 48-hour report | New repo | ort Ar | nends repo | ort filed on | M = M | / D = D / Y = Y = Y |
| | | | | 101140 1000 | // mod o | | |
| | Full Name of Payee Carol L Walters | | | | Dat | te of Public | c Distribution/Dissemination |
| N | Mailing Address 1900 Glen West Way | | | | Am | ount | |
| C | Dity | State | Zip Code | | $-\Gamma$ | | 35.00 |
| Ŀ | Fort Smith | AR | 72916 | | | | ID: 1858e0fb-9fc5-41a1-a ursement or Obligation |
| | Purpose of Expenditure Salary | | Category/ Type | | | 08 | 22 / 2014 |
| Ν | Name of Federal Candidate | | | Support | Office Sou | ıght: | House District: 00 |
| | Mr. Mark L Pryor | | | Oppose | | _ | Senate State: AR |
| | Calendar Year-To-Date Per Election for Office Sought | , , , | 62582.15 | | Disbursem 2014 | nent For: Other (sp | Primary |
| | Full Name of Payee | | | | Da | te of Publi | c Distribution/Dissemination |
| | Carol L Walters | | | | | 08 | / D D / Y Y Y Y Y Y Y 2014 |
| N | Mailing Address 1900 Glen West Way | | | | Am | nount | |
| | City | State | Zip Code | | <u> —</u> г | | 0.60 |
| - | Fort Smith | AR | 72916 | | Trar Da | nsaction II | D: 7b8c24a0-eb92-404b-8 ursement or Obligation |
| | Purpose of Expenditure Mileage | | Category/ Type | | | M M M | 22 / 2014 |
| 1 | Name of Federal Candidate | | | Support | Office Sou | ught: | House District:00 |
| | Mr. Mark L Pryor | | X | Oppose | Pres | sident | Senate State: AR |
| | Calendar Year-To-Date Per Election for Office Sought | , , | 62582.1 | 15 | Disbursen 2014 | nent For: Other (sp | Primary X General pecify) ▶ |
| (2) |) SUBTOTAL of Itemized Independent Expenditures | | | | | | 25.60 |
| (a |) SUBTUTAL OF REMIZED INDEPENDENT EXPENDITURES | <i>j</i> | | | | - 7 | 35.60 |
| (b |) SUBTOTAL of Unitemized Independent Expenditu | res | | | ·· • | | 1 2 |
| (c) |) TOTAL Independent Expenditures | | | | | | |
| wit | nder penalty of perjury I certify that the independen th, or at the request or suggestion of, any candidate arty committee) any political party committee or its a | e or authorized | | | | | |
| | Ms. Emily Buchanan | [Electron | nically Filed] | Date | e 08 | / 24 | / Y Y Y Y Y Y 2014 |
| | Signature | | _ | | | | |

| Schedule E) | 761 6119611 | 1101120 | | PAGE 59 OF 61 FOR SE OF FORM 24/48 |
|----------------------------------------------------------------------------------------------------------------------|---------------------------------|-----------------------|----------------------------------|---------------------------------------------------------------|
| NAME OF COMMITTEE (In Full) | | | FEC II | DENTIFICATION NUMBER ▼ |
| Women Speak Out PAC | | | C | C00530766 |
| Check if 24-hour report X 48- | hour report New repo | ort Amends repo | ort filed on | / D = D / Y = Y = Y |
| Full Name of Payee Lisa Booth | | | Date of Publi | ic Distribution/Dissemination |
| Mailing Address 1434 South Avenu | ne | | M 08 | 22 2014 |
| | | | Amount | |
| City | | Zip Code | | 100.00 |
| Eden | NC | 27288 | | ID: fa0919ed-7222-4c01-8 ursement or Obligation |
| Purpose of Expenditure Salary | | Category/ Type 001 | M | 22 / 2014 |
| Name of Federal Candidate | | Support | Office Sought: | House District: 00 |
| Ms. Kay Hagan | | X Oppose | | Senate State: NC |
| Calendar Year-To-Date Per Election for Office Sought | 2 | 254351.52 | Disbursement For: 2014 Other (sp | Primary |
| Full Name of Payee Lisa Booth | | | | ic Distribution/Dissemination |
| | | | M 08 | 22 2014 |
| Mailing Address 1434 South Ave | nue | | Amount | |
| City | State | Zip Code | | 9.60 |
| Eden | NC | 27288 | Transaction I Date of Disb | D : 4545e467-0622-40d3-a ursement or Obligation |
| Purpose of Expenditure Mileage | | Category/ Type 002 | 08 | 22 / 2014 |
| Name of Federal Candidate | | Support | Office Sought: | House District: 00 |
| Ms. Kay Hagan | | Oppose | President | Senate State: NC |
| Calendar Year-To-Date Per Election for Office Sought | | 254351.52 | Disbursement For: 2014 Other (s | Primary |
| _ | | | | |
| (a) SUBTOTAL of Itemized Indepen | dent Expenditures | | . • | 109.60 |
| (b) SUBTOTAL of Unitemized Indep | endent Expenditures | | | |
| (c) TOTAL Independent Expenditure | rS | | > | 7 |
| Under penalty of perjury I certify the with, or at the request or suggestion party committee) any political party of | of, any candidate or authorized | | | |
| Ms. Emily Buchanan | [Electron | cically Filed] Date | 9 08 24 | / Y Y Y Y Y 2014 |
| Signature | | _ | | |

| Schedule E) | | DITORILO | PAGE 60 OF 61 FOR SE OF FORM 24/48 |
|------------------------------------------------------|--------------------|-----------------------|------------------------------------------------------------------------------------------------------------|
| NAME OF COMMITTEE (In Full) | | | FEC IDENTIFICATION NUMBER ▼ |
| Women Speak Out PAC | | | C C00530766 |
| Check if 24-hour report X 48-hour report | X New re | eport Amends repo | rt filed on |
| Full Name of Payee | | | Date of Public Distribution/Dissemination |
| Tylan S Green | | | 08 / 22 / 2014 |
| Mailing Address 2320 Saint Nick Dr | | | Amount |
| City | State | Zip Code | 60.00 |
| New Orleans | LA | 70131 | Transaction ID : 755443b4-bbcc-41c7-8 Date of Disbursement or Obligation |
| Purpose of Expenditure Salary | | Category/ Type 001 | 08 / 22 / 4 2014 |
| Name of Federal Candidate | | Support | Office Sought: House District:00 |
| Ms. Mary L Landrieu | | X Oppose | President State: LA |
| Calendar Year-To-Date Per Election for Office Sought | | 95433.48 | Disbursement For: Primary ☐ General 2014 ☐ Other (specify) ▶ |
| Full Name of Payee | | | Date of Public Distribution/Dissemination |
| Tylan S Green | | | 08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Mailing Address 2320 Saint Nick Dr | | | Amount |
| City | State | Zip Code | 10.80 |
| New Orleans | LA | 70131 | Transaction ID: 59272d73-1da3-4343-a Date of Disbursement or Obligation |
| Purpose of Expenditure Mileage | | Category/ Type 002 | 08 / 22 / 2014 |
| Name of Federal Candidate | | Support | Office Sought: House District: 00 |
| Ms. Mary L Landrieu | | Oppose | President Senate State: LA |
| Calendar Year-To-Date Per Election for Office Sought | | 95433.48 | Disbursement For: Primary General 2014 General Other (specify) ▶ |
| (a) SUBTOTAL of Itemized Independent Expend | itures | | 70.80 |
| (b) CUPTOTAL of the bounded for an electrical | and the same | | 7 7 7 |
| (b) SUBTOTAL of Unitemized Independent Expe | enaitures | | • |
| (c) TOTAL Independent Expenditures | | | > |
| | didate or authoriz | | not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political |
| Ms. Emily Buchanan Signature | [Electr | onically Filed] Date | 08 24 7 2014 |
| s.g | | | |

| Schedule E) | THE EXILENCE | ATOTILO | PAGE 61 OF 61 FOR SE OF FORM 24/48 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|-----------------------|---------------------------------------------------------------------------|
| NAME OF COMMITTEE (In Full) | | | FEC IDENTIFICATION NUMBER ▼ |
| Women Speak Out PAC | | | C C00530766 |
| Check if 24-hour report X 48-hour report New report Amends report filed on | | | |
| Full Name of Payee | | | Date of Public Distribution/Dissemination |
| Cassidy Quartararo | | | 08 / 22 / 2014 |
| Mailing Address 632 Cameron Court | | | Amount |
| City | State | Zip Code | 65.00 |
| Kenner | LA | 70065 | Transaction ID: 7d47a128-7fa3-4d40-9 Date of Disbursement or Obligation |
| Purpose of Expenditure Salary | | Category/ Type 001 | 08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Name of Federal Candidate | | Support | Office Sought: House District: 00 |
| Ms. Mary L Landrieu | | X Oppose | President Senate State: LA |
| Calendar Year-To-Date Per Election for Office Sought | , , , | 95433.48 | Disbursement For: Primary General 2014 Other (specify) ▶ |
| Full Name of Payee | | | Date of Public Distribution/Dissemination |
| Cassidy Quartararo | | | 08 22 2014 |
| Mailing Address 632 Cameron Court | | | Amount |
| City | State | Zip Code | 9.87 |
| Kenner | LA | 70065 | Transaction ID : bda19ffc-d2c8-446f-b Date of Disbursement or Obligation |
| Purpose of Expenditure Mileage | | Category/ Type 002 | 08 / 22 / 2014 |
| Name of Federal Candidate | | Support | Office Sought: House District: 00 |
| Ms. Mary L Landrieu | | X Oppose | President Senate State: LA |
| Calendar Year-To-Date Per Election for Office Sought | 7 1 7 | 95433.48 | Disbursement For: Primary General 2014 General Other (specify) ▶ |
| (a) SUBTOTAL of Itemized Independent Expenditures | | | |
| | | | |
| (b) SUBTOTAL of Unitemized Independent Expenditures | | | |
| (c) TOTAL Independent Expenditures | | | 4653.16 |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | |
| Ms. Emily Buchanan Signature | [Electro | nically Filed] Date | 08 24 7 2014 |
| | | | |